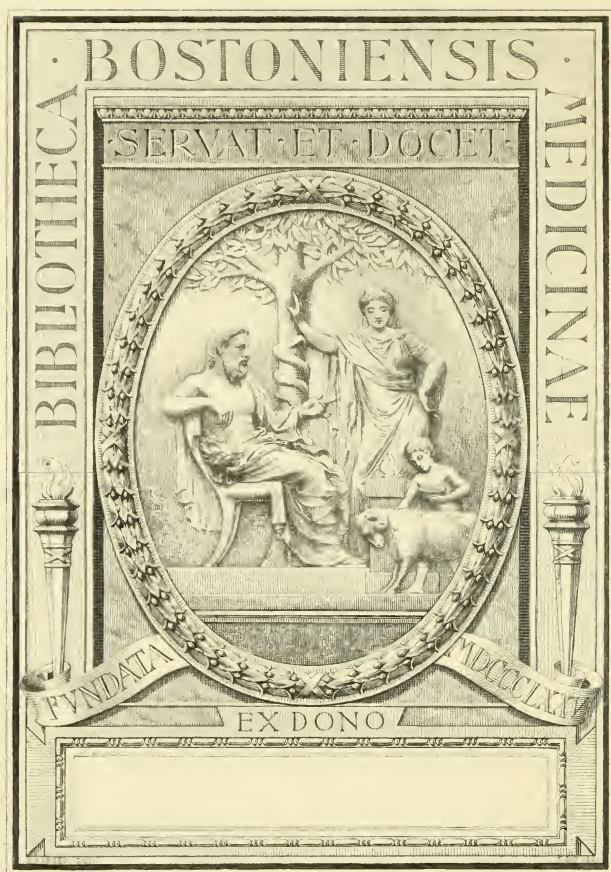


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OF

THE JOURNAL

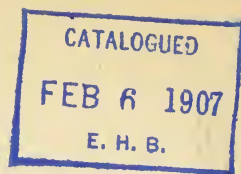
OF THE

KANSAS MEDICAL SOCIETY.

JANUARY-DECEMBER, 1905.

EDITED BY GEORGE H. HONIG, A. M., M. D.
GEORGE HONIG, A. M., M. D.

LAWRENCE, KANSAS
1905.



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The Journal

OF

The Kansas Medical Society

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Volume V

January 1, 1905

Number I

AS WE ARE SEEN.

Dr. J. N. MacCormack, the national organizer of the American Medical Association spent some time in Kansas last month helping in the organization of county societies. He publishes a frank statement of his impressions of us in *The Journal of the American Medical Association*. This statement we reproduce in the hope that the prodding may stimulate us to some unselfishness.

ORGANIZATION WORK NEEDED IN KANSAS.

J. N. McCormack, M. D.,

Chairman of the Committee on Organization.

Although a majority of the doctors met by me in Kansas would bear favorable comparison personally with their brethren in the older states, and in spite of the fact that 800 of the 2600 physicians are enrolled as members of the State Society, outside of Wichita, where an excellent city society has existed for two years, the profession was practically unorganized in every section visited by me.

There were the usual local dissensions in most sections, but the condition most noticeable and impressive to a stranger was the almost universal and absolute indifference to every professional interest which was not strictly and immediately personal. As would be expected from the foregoing statements, all of the evils of commercialism were pronounced in such sections, including rate cutting, commissions by surgeons, and the various questionable methods of securing practice, associated, as these evils always are in my experience, with a lack of financial prosperity in the rank and file of the profession in striking contrast with the commercial wealth of the country. In some rich towns and counties one could not but be impressed with the idea that the country was developing more rapidly than the profession, and that systematic post-graduate work and a general awakening were necessary for the good of both it and the public.

District societies overlapping each other in every direction and supported by a few of the best men in its central zone of counties, had formerly assumed proportions not found elsewhere, all of them doing some really excellent work, but none of them reaching, interesting or benefiting the mass of the profession. Some of these were as large as the State Society until two years ago, which, before that time, was practically confined to the northeastern section of the state, and were organized and run in a spirit of more or less distinct rivalry and antagonism to that body. Add to this the fact that there has been no co-operation between the State Board of Medical Examiners and the State Board of Health and the State Society, the officers and members of these boards, who should be selected, or at least nominated to the appointing power, by the organized profession, as its executive agents, seldom even attending the meetings of the society, and that the officers of the latter body have heretofore done little more than issue a program for, and perform the routine duties incident to the annual meeting, with no real county societies anywhere, and there will be little difficulty in accounting for existing conditions.

What is needed in Kansas is zealous, personal, self-sacrificing labor, not only upon the part of the councilors and other officials of the state society, but of all who can be induced to assist them from Topeka, Wichita, Kansas City, Hutchinson and elsewhere, until a real, live society exists in every county containing five or six doctors, to make a practical study of, and to promote the interests of every member and citizen of the jurisdiction.

First, the president and secretary of the state society need to wake up to the importance of their positions, as similar officers have done in other states, and assist and encourage the councilors in their onerous and difficult duties so that they may be able to complete the tasks set for them before the next meeting. The state Journal is doing excellent work, and Dr. Furst has accomplished much in his district, but most of the other councilors have done practically nothing. I found that they had expected to organize county societies by a desultory correspondence and were despondent because they had less tangible results than children usually do who send letters up the chimney to Santa Claus before Christmas. Such an organization as is demanded by the best interests of the profession and of humanity involves intelligent thought, labor and expense upon the part of those charged with the duty, but it is with all this and more. My meetings were well attended considering the short and imperfect notice it was possible to give, and the interest and enthusiasm manifested everywhere indicated that the profession was ripe for a real reform if those chosen to lead the movement can be induced to put some spirit into their work and push into effect the comprehensive methods which have proven so effective elsewhere.

The great natural wealth of Kansas, and the rapid encroachment being made upon the arid sections by cultivation and tree growth, must make it one of the foremost states of the Union. Although often there before, this was impressed upon me more forcibly during this trip, traveling chiefly in the day time, and often riding for hundreds of miles over fertile plains stretching out to the sky-line as rich as the famous Blue Grass regions. With proper organization, possible only through such a system of local societies as will bring the physicians of each community into fellowship and co-operation for their own and the public good, the future of the medical profession is as promising as that of the country.

My western trip ended with a meeting at Kansas City in the evening of December 2. Although a called meeting upon short notice, with limited information as to its purpose, the attendance, and more especially the active and appreciative spirit with which the work was taken up, admirably indicated the influence which a good society, holding weekly meetings, will exert in any community. In the frank discussion which followed my talk it was shown that, while there is much to be done in that city even locally, so much has already been done and the personal relations and enthusiasm in the large, active working force are such that anything is possible of accomplishment by a more extensive and searching utilization of the forces at the command of the profession. Both the city and state are overrun with quackery to an unusual degree, and my information is that professional conditions are bad in many counties in Missouri, but if St. Louis and St. Joseph will join hands with Kansas City and the officers and councilors of the state association in earnest work, the foundation can be laid for remedying all of these evils before the next annual meeting.

As an indication of what Dr. MacCormack likes to find, we need only turn to *The Journal of the A. M. A.* for November 26 and December 3 and read his report of his trips in Indiana and Wisconsin. From the former we extract the following:

On the other hand, many strong, and some almost ideal, county societies were discover-

ed which had done better work than those in any other state so far visited by me. At Valparaiso, as an adjunct to the county society, a regular post-graduate course of instruction had been carried on for three nights of each week during the whole of last winter, and they had just completed arrangements for a similar course for the present season. This included an excellent course in anatomy, with demonstrations on the cadaver, and a practical course in chemistry. The society had become incorporated so that it could legally obtain ample anatomic material from one of the state prisons. It is hardly necessary to say that there was little trouble in maintaining the interest and attendance in such a society."

"The society at Michigan City had worked out another problem which confronts the profession in many sections of this country. As a result of the discussions which had come down to them as an inheritance from their forbears, fees had been so reduced as to seriously impair the usefulness of the profession. Even with those in most active practice the income was so small as to interfere with equipment and progress. Two years ago the profession was so organized that every licensed physician in the city, after full and patient consideration and conference with lay friends, agreed to a fair and equitable schedule of fees, which at once put them on a well supported basis, the night fees being placed high enough to prevent such calls except when actually necessary, and I was informed in the presence of the entire faculty that in the entire two years not a complaint had been made in or out of the profession, either in regard to this action or in carrying it out. Of course, this was not done as a society, but it was the direct outgrowth of the harmony and spirit of co-operation made possible by organization, and the benefits both to the profession, which was better supported, and to the community, which was better served—were so evident that there was no trouble in keeping up the attendance and interest in that county society."

Kansas usually is in the van. Is it because our physicians are too illiterate, or the opposite; is it through lack of scientific interest; is it that we have to work too hard for the few dollars we get,—that we take so little interest in professional organization? Who will answer?

One thing we can do is to see to it that our legislators feel the influence of every one of us in putting the Board of Health and the Examining Board into correct relations with our society. The organized profession of the state should be the Board of Health and the Examining Board and the officers of those boards simply the representatives of our profession. Dr. Crumbine is one of us and asks our support, let us show him and the state that we can do something even in Kansas.

County Officers—Next month we plan to print a list of the county medical societies with their officers. In order to do this we must have a letter from each society before January 15, giving the information desired. It will be assumed that those societies are dead which do not respond to this notice.

In some states the county secretaries give in the state journal an abstract of every important paper read. It might be well for the Kansas counties to follow this example.

DR. J. W. PORTER.

DR. G. H. HOXIE:

Dear Doctor:—I send herewith clipping from *Daily Headlight* in regard to Dr. Porter's death which occurred yesterday morning, (Wednesday). We, here in Pittsburg mourn the loss greatly, I feel it doubly as he was my office associate. He was in Kansas City last Friday and came home Saturday morning. The cab was left standing with him and the horses started to run when Dr. Porter jumped out, not hurting himself much, as he thought.

He was taken with severe pain suddenly about 8 a. m., three hours after his cab experience; and the disease developed rapidly. There were several of the physicians to examine him and Monday we operated, finding the appendix perforated and a peritonitis; there being flocculent pus in the abdominal cavity.

We rather believe here that the appendix may have been ruptured when he jumped from the cab, and that an operation any time afterwards would have been with the same result. He did not feel well while in Kansas City.

Pittsburg, Kansas, Dec. 15, 1904.

H. H. BOGLE.

"Dr. J. W. Porter, one of the most prominent and best known physicians in this part of the state, died this morning at Mt. Carmel hospital at 8:40 o'clock of peritonitis, complicated with an attack of appendicitis, after only a short illness. He had been in apparent good health up to the time he was taken ill in Kansas City last Saturday, where he had gone on business a day or two previous. His illness began with severe pains in the bowels in the region of the appendix and he realized that he was in a serious condition. He came home Saturday and was bedfast from that time up to the hour of his death. An operation was performed Monday by the physicians in charge of his case as a last resort to save his life. It was only one chance in one thousand however. He was removed to the Mt. Carmel hospital Monday afternoon and the operation was performed at once. The disease of the appendix was found to be very virulent; in which nature does not have time to protect the abdominal cavity from the poison and as a result peritonitis set in and death followed within 48 hours afterwards.

"Dr. Porter was born in Madison, Indiana, February 1856. After attending the common schools he entered Rush Medical College in Chicago, Illinois, and after his graduation from that institution he took a thorough course in the Louisville College of Medicine, graduating in June, 1883. He began the practice of Medicine in Mansfield, Illinois, where he was married to Miss Josie Shepherd, Sep-

tember 21, 1882. He practiced about two years at Mansfield and then moved with his wife to western Kansas, and came from there to Crawford county and located in Litchfield sixteen years ago, and for the past three years has been located in this city. He was an officer in the State Medical Society and was at the head of the organization of the Southeast Kansas Medical Society and served both as president and secretary of the association. He was prominent in the state work of the A. O. U. W. and made the race twice for the office of state medical examiner. He held the position of county health officer at the time of his death and served as such officer for three years. He was also chairman of the county board of pension examiners. He was a mason of high rank, and was a member of the Blue Lodge, Chapter, Knights Templar, Shrine, Order of Eastern Star, and also of the A. O. U. W. and M. W. of A.

"He leaves a wife, one son and three daughters, besides a large circle of friends to mourn his demise. His children are Herbert and Misses Lee, Glenn and Mary Porter."—*Daily Headlight*.

Medical Schools—*The Post Graduate* deplores the fact that New York City has so many medical schools (seven), but rejoices that their state is not so deplorable as that of other "centers" where there is a medical school to every 20,000 people. This is the growing feeling in our country and we are beginning to understand that London is so far behind Paris, Vienna and Berlin as a medical center chiefly because her resources are diffused among so many institutions, instead of being concentrated in one as in the continental capitals. What a glorious thing for medical education it would be if the schools at St. Joseph, Topeka and Kansas City could all be combined into one institution controlling all the resources so diffused! We quote the following from *The Postgraduate*:

STATISTICS OF UNDER-GRADUATE MEDICAL STUDENTS AND POST-GRADUATES IN 1904.

	Under- Graduates	Post- Graduates	Total
Chicago.....	2,265	647	2,912
New York.....	1,888	939	2,827
Philadelphia.....	2,075	477	2,552
Baltimore.....	918	790	1,008
Boston.....	779	110	889

New York's relative falling off is due to the high standard enforced in that state, it is said.

VASCULAR KERATITIS.*

A. C. GRAVES.

Pittsburg, Kansas.

The cornea in its normal condition, has no blood vessels of its own, but most of the blood vessels that supply the ball run forward to its limbus, and loop back. It is as clear as crystal; the window for the macula lutea, and like a periscopic convex lens will focus light. If there is any trouble in the cornea, whether it be a foreign body, or a microbic infection, there will be a congestion of the blood vessels, partly or all the way around it. Nettleship has for convenience, divided the blood vessels around the cornea, into three systems. When there is trouble in cornea, noticing the system congested, will assist in making a diagnosis. If there is a congestion of the vessels of the conjunctiva, in the shape of an open fan, with apex in limbus corneae, and the remainder of conjunctiva free from congestion, we at once conclude that we have a phlyctenular keratitis. If we find a pink zone all around cornea, known as ciliary congestion, we at once suspect iritis. In health only a few conspicuous blood vessels are to be seen around cornea, but in diseases of this tissue, the congestion of these systems means so much, I shall give them in this connection after Nettleship. System I—Posterior conjunctival vessels, whose congestion produces a bright red velvety color, moving, on pressure of the eyelids, with the shifting of the conjunctiva, usually associated with muco-purulent secretion, and indicating ophthalmia. System II—Anterior ciliary vessels, composed of perforating and non-perforating arteries and veins. The perforating arteries, which supply the sclerotic, iris and ciliary bodies, are the branches seen in health entering about 5 mm. from the corneal margin, their points of entrance, in dark complected people, often being distinctly tinted. The non-perforating (episcleral) branches, invisible in the normal eye, produce, when congested, a pink zone surrounding the cornea ciliary congestion not moving on pressure of the lids with the shifting of the conjunctiva, unassociated with purulent discharge, and indicative of iritis. System III—Anterior conjunctival vessels and the plexus of capillaries surrounding the cornea, derived from anterior ciliary vessels through whose numerous small branches anastomosis between system I and system II takes place. Their congestion produces a circle of bright

*Read before the Second District Society, March 1904.

red injection, often partly seen on the cornea, a sign of inflammation of this membrane and typical in the early vascular stages of interstitial keratitis. So much for the vessels that surround the cornea and in disease the diagnostic point gained in noticing their congestion. Now let us take up the vascular condition of the cornea, which is never to be found except as a sequela of some disease. The diseases that produce vascular keratitis are as follows, ulcerations, phlyctenular pannus, interstitial keratitis, granular lids, and a vascular condition met with indicating a perverted action of the nerves of cornea analagous to herpes. In the phlyctenular pannus, the phlyctenule commences at the limbus, and extends towards the center of the cornea. Blood vessels extend from limbus to that part of ulcer, nearest, and that part of ulcer reached by the vessels, goes through the regular course of a regressive corneal ulcer; but that part of ulcer toward the center remains gray and infiltrated, and continues to creep across the cornea in the superficial layers, with the blood vessels following, seemingly trying to catch up with the ulcerative process. Parenchymatous keratitis is another disease in which we have a formation of blood vessels in the cornea. This is a disease of the deep layers. It usually commences with a cloud in some part of the cornea. This cloud increases in density in some cases, so that the iris can hardly be seen, and vision is reduced to counting of fingers. The blood vessels grow out from the deep plexus. The vascularization is so great in some cases, that the cornea looks like a red cloth, other cases almost devoid of vessels; in these cases the cornea looks like a white ground glass. Parenchymatous keratitis is of endogenous origin, and since the classical paper by Hutchinson, on congenital syphilis, we know about ninety per cent of the former, are due to later disease. It is very slow in its process and oftentimes months will pass before the cloud disappears. As the opacity fades away the vessels will also disappear, and finally the cornea may seem to be cleared of vessels altogether, but with a magnifying glass a few will be found to remain. Hirschberg says they never entirely disappear and that he has seen this condition thirteen years after an attack. There is no circulation in these vessels that linger but they remain permiable, and any little irritation like the examination of the eye will start the circulation in them. Granular lids is another disease that brings on vascular keratitis. According to Raehlmaun pannus is not the result of friction of cornea received by rough granular lids rubbing over it, and so should not be considered a simple traumatic irritation, but should be regarded as a special implantation of the trachoma process in the

layers of the cornea. This pannus or vascular keratitis always commences under the upper lids. In ulcerations of the cornea we frequently see vessels growing out from the limbus of cornea nearest the ulcer. They are not seen in an acute microbic infection. According to the chemical theory as given by Nuel, the intra corneal pathogenic microbe produces a phlogogenic substance that diffuses in every direction through the corneal tissue and paralyzes the pericorneal vessels and plasma and migratory cells are thrown out, which are attracted to the point of infection, and thus corneal infiltration is produced. This condition is brought about so quickly that nature has not had time to grow in a vessel before the formation of the ulcer. When a vessel does reach an ulcer, exfoliation is stopped and repair sets in, so we regard the advent of a vessel in these cases as a favorable condition of affairs. So in the regressive ulcer the main office of the blood vessel seems to be the repair of tissue. When the lost tissue is about restored, the blood vessels begin to dwindle away, but in the large cicatrices the vessels never entirely disappear. The vascularization of a regressive ulcer better illustrates the function of blood vessel than any other condition of cornea. As the blood vessels carry everything necessary for the combatting of a microbic infection and for repair, it is evident to me that nature needed direct communication with the field of action that is the reason the vessels were thrown in. I think this is so in all vascular condition of the cornea, but they are regarded by some as part of the inflammatory process, for instance granular pannus and interstitial keratitis. When a keratitis is complicated with a vascularization of the cornea it is very necessary to know whether the vessels are superficial or deep. It is necessary in any keratitis to know if it be superficial or deep. In a deep infected keratitis the phlogogenic substance is diffused in the deep corneal planes and much further into the tissues of the iris and aqueous chamber. So with any affection of the deeper planes of the cornea we may expect some trouble with the uveal tract. If there are vessels present they will help to decide whether the trouble be superficial or deep. If the vessels are superficial they are easily seen, they subdivide like the branches of a tree. they may elevate the superficial layers of cornea. If they are deep they disappear under the limbus of conjunctiva. They are not so easily seen on account of their depth. The anterior layers of cornea are elevated, but seem dull.

Wichita Meeting—Members who desire to read papers at the Wichita meeting should send their titles at once to Dr. Huffinan at Columbus.

Dr. Lindsay and his fellow officers of the Golden Belt Society have their portraits in the December number of the *Medical Herald* of St. Joseph, Mo.

Agurín has not yielded me as a diuretic nearly as good results as diuretin, which it was aimed to replace. In fact I have ceased to use it. Personally I find Eichhorst's prescription of diuretin and digitalis the most satisfactory I have tried, although sparteine sulfate is helpful for hypodermic use.—G. H. H.

Bethany Hospital—Through the kindness of the JOURNAL's good friend, Dr. P. D. Hughes, a copy of the last annual report of the Bethany Deaconess Hospital and Training school has been sent us. It is attractively printed, showing interesting portraits of the nurses and officers. 164 free cases from Kansas were cared for between January 1, 1903 to January 1, 1904,—enough from elsewhere were treated to bring the total to 1324. Of housewives there were 246, of farmers 91, laborers 85, physicians 6, lawyers 3, treated. Heads of the staff are P. D. Hughes, *Chief*; R. A. Roberts, *Secretary*; S. S. Glasscock, C. M. Stemen, Z. Nason, W. H. Schutz, J. E. Sawtell, John Troutman, L. D. Mabie, John Punton and F. T. Reyling. Bethany hospital is certainly doing a good work in caring for those unfortunates who have nothing laid aside for a rainy day.

"Medical School at Lawrence—The Journal of the Kansas Medical Society asks its readers: Shall we have full medical school in connection with the University of Kansas? Take the advice of a rank outsider—don't!"—*American Journal of Surgery and Gynecology*.

Since Dr. Lanphear misunderstood the question put to our readers, others may have done so too. Therefore we would put the question more clearly. Would it be for the best interests of our profession if the University of Kansas should establish a clinical school of medicine utilizing all the state hospitals and the neighboring cities to supplement the first two years now being so fully given at Lawrence? Do we wish to endorse Chancellor Strong's statement that the time is ripe for our state university to establish the "best medical school between Chicago and San Francisco?" Can the training of physicians in and for our state be improved? If so, shall we endorse it? Could not our state university combine all the medical schools in our neighborhood and that to the benefit of medical education?

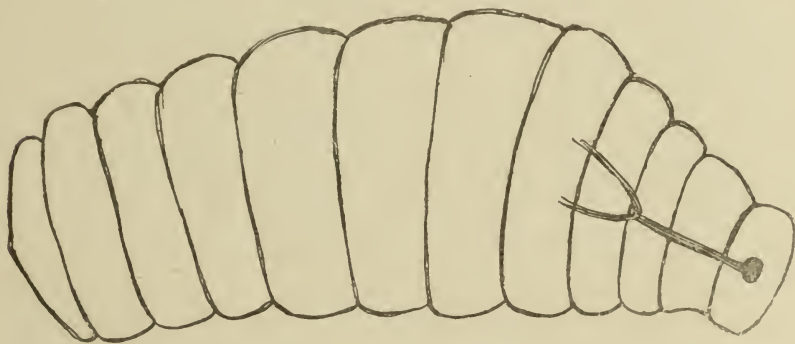
Proprietary Medicines—The question of what proprietary medicines shall be allowed space in the advertising pages of high class medical journals is still being hotly discussed. It would almost seem, judging from the clamor, that the members of our profession are sheep to be led about by any designing crook. We give the profession credit for more sense than some of our exchanges seem to grant it,—although we do believe that too much medicine of unknown composition is being doled out to unfortunate patients. In our state it is not the medical journal but the drug agent who is responsible for the post-graduate education in pharmacology of the physician. Our men try the samples left by the visitor and if good results, then they use the drug without much study of its ultimate constitution. This will be corrected more by the scientific training in physiology and pathology in the medical school than by post-graduate preaching. Really *The Medical World* and *The Alkaloidal Clinic* are doing more to educate the rank and file of our profession than all the high class journals put together. And if the idea of the single drug—in its active principle if possible—prevails, the proprietary medicine evil will have been solved. This hue and cry over the drug evil would be laughable, if the evil did not mean so much to human happiness, because our colleagues are simply being hoodwinked by men who mix up a lot of simple drugs, put on a trade name and sell the product at a hundred per cent profit. Our JOURNAL has received just one protest as to its advertisers, and that was against the fig syrup, because it was advertised to the laity. We don't say that our society should not take some definite action as to the admission of advertisements to these columns, but until the various state journals can agree on a common standard and can arrange for a common advertising agent, we feel that we must make the most of what we have. In the meantime we would gladly receive expressions of opinions from our readers.

Sal Codeia (Bell)—This preparation recommended highly to me by a friend in New York has given me in one case the heart depression of the coal tar derivatives. Hence I do not regard it as better than codein with two or three grains of acetanilid with perhaps some camphor monobromated, for the relief of dysmennorrhic pains.—G. H. H.

DIPTEROUS PARASITES OF THE INTESTINE.*

F. E. SCHENCK, M. D.,
Burlingame, Kansas.

In June, 1898, A. C. called at my office complaining of a diarrhea of several days duration. This diarrhea was painless, not disturbing his appetite, digestion or his general health in any way except the inconvenience of the same. The one thing for which he more especially called was, as he expressed it, the stool appeared to be literally alive. Upon close questioning I could not satisfy myself as to what the cause was. I therefore asked him to bring me a sample; which he did. After examining the specimen microscopically I was but little wiser, placing a few specimens under a low power of the microscope it revealed an animalcule about one-twelfth of an inch long and one-thirtieth in diameter in the middle; the cephalic end



much smaller increasing in diameter about two-thirds its length then slightly diminishing in size, but the caudal extremity much larger than the cephalic. The cephalic extremity had a projection about one-twenty-fifth of an inch long, bifurcated at the distal extremity like the claws of a crab, the body composed of thirteen joints, the posterior joint but slightly rounded, the joints slightly flattened and of a dirty white color, the head a little darker than the body. I was still ignorant of what I was dealing with and the authorities at hand gave me no light on the same. I showed the specimen to Dr. Seabrook and Dr. Stubbs of Burlingame, and Dr. Pickard of Maywood, Illinois, who were equally ignorant with myself. I

*Read before the State Society at Topeka, May 6, 1904.

then sent a specimen to Dr. Powell of Topeka, with no better result. I was now cut off from any further specimen by spontaneous recovery of the case. Drawings of the specimen were sent Professor Popenoe, head of the entomological department of the Agricultural College at Manhattan. He says, So far as may be determined from your drawing the parasite must be a dipterous larva; further than this, it will probably be impossible to determine without rearing the larva to a perfect stage.

During the fall of 1900 Dr. Pickard called my attention to an article and drawing in the *Alkaloidal Clinic* by G. H. French, entitled "A Dipterous Parasite, the Supposed Cause of Some Cases of Epilepsy." In this article he gives the history of three cases where the same parasite was found. In his cases however the parasite produced constipation and in each case, epilepsy as a result; when the constipation was relieved, and the number of parasites diminished in the bowel the epilepsy disappeared and as the parasite again increased the epilepsy again appeared. Mr. French being a naturalist and not a physician, supposed he had found the cause of epilepsy and named it "*Gastrophilus Epilepsalis*;" but the epilepsy in these cases doubtless were due to the intestinal irritation and not due to any specific cause.

Dr. B. D. Walsh in the *American Entomologist* for March 1870 speaks of larvae of this description and claims they are the larvae of the flat-fly, he further claims the flat-fly, the ladder fly and the common bot fly of the horse are closely related. The larva of the flat-fly produces diarrhea, while the ladder fly and the bot fly in the horse, produce constipation.

The medical literature on this larva is extremely meagre, no reference being made to it in any medical work at my command, and yet the cases are scattered over widely separate places. The cases before mentioned from Illinois, one case from Algiers, and my case. Thus widely separated and so few cases reported would lead us to infer that the affection is an extremely rare one, for otherwise many more cases would have been reported.

My case seems to differ from the others in that the larvae disappeared in a short time and without any treatment, whereas, in the other cases they have been very tenacious, withstanding medication for a long time and when not thoroughly exterminated multiply with great rapidity while in my case they disappeared from the stools in about a week, of their own accord, and occasioned no other disturbance except the diarrhea and some nervousness during its continuance.

This case has been reported with the hope that when opportunity affords some one more skilled in this special line, may take up the work and complete the same, giving the complete cycle of which this is but one link.

THE PHYSIOLOGICAL ACTION OF X-RAY.*

E. M. BROCKETT, M. D.

Topeka, Kansas.

The X-Ray being a late discovery, and as its name indicates, an unknown quantity, has attracted investigation by the great scientists of our day; but thus far, comparatively little has been accomplished in a therapeutic way, leaving, as it were, the whole field lying all undiscovered before us.

Its assistance to the surgeon in diagnosing fractures, diseased conditions of bones, locating foreign bodies, and the like, is comparatively an easy problem, and is now quite fully understood; but the physiological action of this light upon the animal tissues is far more intricate in its nature, and can be learned only by long and continued attention to the little details as seen by the observing physician. A little here and a little there, though of seemingly infinitesimal value, will eventually make up the true physiological principle, and enable us to direct the rays with such precision that many of the so-called incurable diseases will be favorably affected by its action.

Were it possible to control the nourishment and blood supply to every portion of the human economy upon which the physician is called to exercise the healing art, diseases now so difficult to handle might be brought under control and much good done thereby.

By using the gentle, stimulating properties of the X-Ray a tonic effect may be given to an organ failing to perform its function, and thus become a valuable agent in bringing about normal activity, while in many cases a stronger stimulus may become a valuable adjunct in overcoming stasis, relieving pain, and restoring a diseased organ to its natural size and condition.

In noting the observations along this line as given by those experimenting with the X-Ray we find a few well established condi-

*Read before the State Society at Topeka, May 1904.

tions from which certain physiological principles can easily be elucidated. *First:* Continued exposure to the X-Ray so interfered with the action of the perspiratory glands on the dorsal aspect of the hand that one operator had to suspend working with the tube for several weeks before normal activity was regained. *Second:* The application of this light to a congested area will in a very short time show a marked blanching of the part thus exposed. *Third:* By exposing the hand to the rays for a short time a perceptible contraction of the integument is easily detected, a sensation which many persons notice while under treatment. *Fourth:* A tumor treated by this means will show a marked diminution in all its dimensions. *Fifth:* A diseased organ will continue to shrink for some time after cessation of treatment, showing the accumulative properties of the Roentgen Ray. *Sixth:* The relief of pain is one of the well established facts as observed by all operators along this line. *Seventh:* The anti-septic property is a very marked principle in treating malignant growths, as the absence of odor is as distinct a characteristic after a few treatments as that of the relief of pain. *Eighth:* Apply the rays to an ulcer or to any broken down surface, and in a remarkably short time a film will cover the entire surface.

We will now take a few pathological conditions in which the X-Ray may be advantageously used, either alone, or in conjunction with some of the well established therapeutical measures. Congestive hyperaemia, in which we find congested blood vessels, irregularity and slowing of the current and local stasis is one condition which clinical experience justifies me in saying can be relieved by lessening the engorgement, and giving tone and normal action to the vessels, this action being accomplished through contraction.

In these conditions the gentle, stimulating properties of the rays give sufficient contraction to quicken the circulation and hasten the elimination of waste material through the lymphatics.

Acute inflammatory conditions accompanied by pain are greatly benefitted by the contractile power of the X-Ray; this may be carried so far as to go beyond the normal state, giving the tissues sufficient tension above the nerve endings to create a secondary pain, equal, if not greater, than the original condition. This when accompanied by over contraction of the surrounding normal tissues is the state of affairs when the severe pain of a cancer becomes so aggravated after the soothing effects of the first few days of treatment, over-contraction being the cause. In using this therapeutical means much, however, depends upon the kind, character and magnitude of the generating machine, the conditions of the tube, the leakage from

dust and other foreign substances, the humidity of the atmosphere, time and frequency of exposures, distance of the tube from the parts treated, and the tact and skill of the operator, as no meter capable of measuring the destructive influence, nor human eye can be found of sufficient keenness of vision, to detect the devastating effects upon animal tissue until sufficient time has elapsed to develop a local anemia capable of producing grave results.

It is, therefore, essential that we may be very cautious in its application until the effects produced warrant more vigorous measures.

The devastating action of the X-Ray as recorded in the current literature of the day is brought about by the too prolonged and too frequent exposures, causing the arterioles and capillaries to contract beyond normal limits, cutting off nourishment and leaving the area to die of starvation. People who are continually using the X-Ray and are not extremely careful about placing the hands in range of its power, have very poor finger nails. Some operators not having a whole nail on the hand most exposed. Under its influence the nails become brittle, thinner than normal, and have a marked tendency to split.

The Roentgen Ray is not Ponce de Leon's "Fountain of perpetual youth," but only an adjunct to the old and well established therapeutic agents at our command. While it is a valuable agent, it is also a dangerous one when not well understood, or used with as little thought as many of our drugs are today administered.

In summing up the results of this contractile power we have

First, Gentle stimulus. Second, Progressiveness and more or less permanency of the contraction. Third, Occlusion of the lumen of the vessels. Fourth, Local anemia. Fifth, Slough.

From these conditions we can account in a great measure for the probable results from X-Ray treatment, and knowing the condition with which we have to deal, we can apply our treatment with more confidence and a greater benefit to the patient.

Not all seemingly favorable conditions are relieved by this method, for some are benefitted from the first, while others are as aggravated at the close of treatment as when it was first applied. Success and failure may be seen in the same patient under the same series of treatment, as the following case will justify:

Mrs. G. was brought to my office early in July, with carcinoma of the uterus. Vagina and rectum were badly congested, with hemorrhage from both; the odor was bad, although antiseptic measures had been judiciously carried out, and the pain was excruciating, es-

pecially that from the sciatic nerve. She came to the office daily for about two months, when she left the city. Inside of a week after commencing treatment the hemorrhage stopped, the bowels became normal, the swelling was greatly reduced, and the odor was gradually disappearing, but the sciatica was only slightly, if at all relieved by this method. The pain was always relieved temporarily by the soothing effects of the rays, but only for a short time, as it invariably returned in from two to twelve hours with all its severity.

The neoplasm was of such a malignant character that every reputable physician who saw it, gave an unfavorable prognosis. I know nothing regarding her case after she left the city, except her dissolution which occurred in December.

DISCUSSION.

Drs. Lyle, Barnes and Davis discussed this paper.

Dr. Lyle spoke of the value of the X-Ray to the surgeon and dermatologist, as evinced by its wide range of use in diagnosis of fractures, dislocations, foreign bodies, etc., and also in the treatment of skin affections. He also spoke of its value in many of the so-called incurable cases of malignant growths, accompanied by intense pain, which were almost immediately relieved and ultimately cured by the X-Ray; and of its use in the application of various medicinal agents carried immediately through the tissues by means of radiation. He made a plea that more take up and investigate this kind of work, that great results were being obtained from its use in the east, and that the west might get the same or more brilliant results if more would but take it up and develop it.

Dr. Barnes spoke of the great value of the X-Ray in malignant disease. She spoke of a case of uterine fibroid in which the pain, tenderness and hemorrhage had been relieved by its use; that the X-Ray was but in its developmental stage with her as yet, but that she hoped to be able to cite greater results later on.

Dr. Davis: The great subject of radiation and radio-therapy has been so highly developed and so diligently investigated within recent years, as that it has now become a matter of great interest, even to those who do not employ the agencies. A special source of interest attaching to the X-Ray is the fact that we know so little about it. In spite of all the study and investigation that has followed upon its discovery, some seven or eight years ago, we still know next to nothing, that is definite, of its nature. The whole field is still an unexplored country, a *terra incognita*, and perhaps, at best, may always remain so. We know something of its behavior, but have very little conception of what it really is, whence it proceeds, or how it produces its marvellous results. For instance, it is said to be due to a bombardment of the highly electrified particles

of matter proceeding from the cathode against the anode, and hence originating at the anode. And yet, if this were true, how could the rays ever give a distinct image, since they are known to be irrefractable? Some of them would necessarily go behind the anode, and cause an indistinctness of shadow. Again, the first tubes made had no metal anode or "target," the glass walls themselves being the anode; and this being so, why is it not still possible that the walls of the tube are the source of origin of the rays, and not the metal "target?" This possibly is somewhat supported by the fact that the power of a tube is in proportion to the diameter of the bulb, regardless of the size of the metal anode. Yet, if the source of the ray is the walls of the tube, what is the active element of the ray? Radiation implies motion, and motion implies something moved, or matter. Is the active element some emanation from the metal anode, made to penetrate the glass, or is it the setting free of some imprisoned elements contained in the glass, such as helium, potassium, or other form of radiant matter? All this is mere speculation, and the questions are propounded merely to show that whatever the conflicting answers, we know little that is definite as to the real mode of action of these energies. But whatever the seat of origin or constitutional nature of the X-Ray, we do know by experience and observation that it has a marvellous power in the cure of disease and the alleviation of suffering, and this wonderful property, discovered accidentally and necessarily used empirically, will be sufficient to console us for all the mystery which may invest it.

Dr. Brockett: Another point which I would like to bring out is the effect of the X-Ray in the treatment of acne. The contractile power of this agent is evidenced by the very nodular feel of the surfaces treated, the drawing down of the cuticle, and squeezing out, as it were, of the caseous matter of the comedones. I have in mind a case which came under my observation of cancer of the face. The odor was something vile, so that the friends of the patient could scarcely stay near him; there was great swelling and intense pain. At the end of three weeks' treatment the odor was practically gone, the pain so relieved that morphine was no longer necessary, and the swelling had entirely disappeared. Another case being treated for lupus, who by the way had been troubled severely for some time with rheumatism. After three treatments for the lupus, the rheumatic pains had entirely disappeared. It cannot be denied that the psychological effect in some cases is quite marked; however, this cannot account for all the relief which is experienced under this mode of treatment. Another point, while treating patients with the X-Ray they seem to do very much better when the system is saturated with potassium iodide, a fact which all who use the Roentgen ray might observe with advantage.

THE X-RAY.*

IDA C. BARNES, M. D.

Topeka, Kansas.

It is hardly to be expected, that the general practitioner should attempt to define the X-Ray, when the discoverer himself has acknowledged his inability in the very cognomen.

Still it is possible to describe the conditions, under which it is produced and ten years of study of its properties have enabled scientists to classify many of its characteristics and compare it with known ways of light both visible and invisible, and then we are told that the X-Ray is the resultant of a bombardment of negatively electrified atoms or their finer divisions, corpuscles, in a properly regulated vacuum tube, upon the anti-cathode or from the walls of the tube itself.

The X-Ray is invisible, not reflected, but refracted and possesses the property of fluorescing certain substances. Is also very intense and penetrating with photo chemic qualities.

The interest of the profession, however, centers around the advance of medicine through this discovery.

Great excitement and enthusiasm prevailed, when it was known that the bones of the living body could be seen in their proper relations and it seemed only a matter of a short time, when apparatus for such work would be found in the hands of the profession at large; and that they would be enabled to make absolutely correct diagnosis of fractures, osseous deformities and growth and foreign bodies of certain densities, with very little previous preparations.

And indeed, excitors of vacuum tubes have multiplied with exceeding rapidity and are being widely distributed, but yet something more is needed to secure good results.

The apparatus must be perfected and the operator must acquire skill by careful and painstaking repetition thus securing accurate knowledge not only of the proper methods of manipulating the mechanical device, but to know also the relation of the bones in different positions, as well as the relative value of shadows in depicting the true proportions and relations of the bones of the living skeleton.

It is always possible, however, after exhausting all other means of diagnosis, in difficult cases of fractures and deformities or dislocations, to acquire additional information of the real condition by

*Read before the State Society at Topeka, May 1904.

means of the X-Ray, even when the operator is not proficient in the skillful use of the fluoroscope or in taking radiographs and then there is a legitimate use which belongs to the province of every qualified practitioner, not to be abused.

More exactness of detail through manipulation of vacuum tubes has led to the differentiation of shadows cast by tissues of different densities, so that another fruitful field of investigation has been opened up and again as said before, the X-Ray shadow must often only be confirmatory of diagnoses that are doubtful, but exceedingly suspicious of diseased tissue and limited functions.

The lack of proper nomenclature, which will probably be remedied in the near future, has handicapped the individual investigators, as also the lack of an established standard of work, by means of which reports may be made in a definite and systematic manner.

It is to be feared that this lack of definiteness extends possibly to much of the work done and thus has materially interfered with the results obtained.

The therapeutic value of the X-Ray was also discovered, accidentally, while subjecting a patient to several prolonged exposures, in order to obtain a good radiograph. The relief from pain following was so marked that the patient requested more exposures for symptomatic relief, even if, of a temporary character.

One of the theories advocated is that the congestion and consequently the pain, is lessened by a contraction of the cell protoplasm which naturally extends to the vascular supply and that this process may be carried to the extent of developing a severe grade of anæmia and still further that the blood supply may be cut off until a slough may occur.

The most generally accepted theory, is that the process gives rise first to a stimulation of the vasomotor system by means of its property of irritation, thereby lessening tension and relieving engorgement with conjoint lymphatic activity and this is followed by a breaking down of abnormal cells, under longer or more continuous exposure to the X-Ray, these cells always displaying a lack of stability as compared with normal cells. The disintegrated abnormal cells with their toxine, if not destroyed too rapidly, are easily eliminated through normal channels, but if in too large quantities may overwhelm the system with a true blood poisoning and end life prematurely. It has also been suggested that an abnormal cell when acted upon by the X-Ray may lose its undesirable and less stable qualities or properties, which are replaced by normal functional elements, and that it is in this manner that normal tissue takes

the place of organic disease. This theory of restoration would undoubtedly secure a more perfect result than the entire loss of all abnormal cells and probably the true condition may rest between partial and total destruction of diseased cells.

Another step in the further and excessive use of the X-Ray ends in the breaking down of normal tissue, in small or large sloughs dependent upon the surface exposed and the length of exposure.

When normal cells form a portion of an abnormal growth, it may be desirable and possibly the only means of cure, to remove a large mass of them as is done in surgery, provided that a necessary function is not destroyed or that the general health will not deteriorate beyond recovery.

It has not been proven that metastases occur from the use of the X-Ray, but on the contrary it is the opinion of some prominent X-Ray therapists, that this very condition is thus inhibited and for this reason they advocate a course of the X-Ray of moderate duration before the use of the knife in cases of malignant tumors and a still longer course of the same treatment after, when it has seemed advisable to remove large masses of malignant tissues surgically.

As far as known the X-Ray has not proven immediately destructive to bacteria in pure culture, but that it may render their habitat in human tissue uninhabitable is not to be denied for by a stimulation of surrounding cells it may impede their progress. However this may be, the superficial lesions of bacterial origin yield readily to the proper exposure of the X-Ray, while deeper structures, also the dense tissues of bony formation, are more tardy in their response to its influence as now used.

The X-Ray as an aid to diagnosis is one of the greatest discoveries of the age and the coming years will most certainly find apparatus necessary for its production in the offices of the majority of the profession. Just what will be the status therapeutically is hard to predict. Many diseases when taken early will respond favorably to remedies which prove entirely inefficient at a later stage. It is not beyond the province of logical reason to expect from this new remedy a similar efficiency.

[From the Department of Bacteriology of the University of Kansas, M. A. BARBER, PH. D., Director.]

METHODS OF DETECTING BACILLUS TUBERCULOSIS IN SPUTUM IN DOUBTFUL CASES.

CHAS. M. GIBSON.

Pittsburg, Kansas.

In the microscopic diagnosis of sputum for bacillus tuberculosis it is well to bear in mind some good method for detecting these minute organisms where they are very few in number. A good plan is to dissolve the sputum and allow the bacilli to settle to the bottom. For this purpose one of the following methods may be used.

Biedert's method. To 5^{cc} of sputum add 8^{cc} of water and 4-8 drops of a strong solution of KOH or NaOH. Boil the mixture on a sand bath for two hours occasionally stirring. Let stand awhile and examine material at bottom of vessel.

Stroschein's Method. Mix 5^{cc} of sputum with 10^{cc} of a 1½ per cent boracic acid solution, shake one minute energetically and allow to settle 24 to 48 hours. Examine the sediment.

Spengler's Method. To some sputum made alkaline, add some pancreatin and allow to digest at blood temperature for 24 hours. All the bacteria and undigested nuclei will be found in the sediment.

Method of Arrigo and Stampacchia. To about 10^{cc} sputum in a test tube add an equal volume of Ranvier's tertiary alcohol, shake thoroughly, plug with cotton and incubate at 37 °C for 24 hours or at 50 °C for 3 hours. Examine sediment.

Dahmen's Method. Boil sputum in beaker within a steam sterilizer 15 to 20 minutes, pour off the opalescent liquid and examine the sediment.

In carrying on experiments with bacillus tuberculosis the specific gravity of both the germ and containing medium are to be considered.*

"The sputum of different people has a different specific gravity and the bacilli from different parts of the body have a different specific gravity. The weight of the germ is different when fresh from what it is after standing some time. The specific gravity of this bacillus varies from 1.01 to 1.08 and the variation in sputum is

* Dr. Carl Digi: "Untersuchungen über die verschiedenen sedimentierverfahren zum Nachweise von Tuberkelbacillen." Centralblatt für Bakteriologie, Parasitenkunde und Infektionskrankheiten. Bd XXXV p 387.

from 0.929 to 1.224." Thus by dissolving the sputum in a light medium one increases the probability of finding the germ in the sediment. This may either be examined directly or diluted with some sterile water and centrifuged.

As to the efficiency of the centrifuge the reader may draw some conclusions from the following experiments. These were carried out by the writer in the bacteriological laboratory at the Kansas State University.

Some sputum was dissolved in one half its volume of a KOH solution and thoroughly mixed. A loop full of this mixture after straining was examined under the microscope using an oil immersion objective. The number per field where the bacilli were most numerous was as follows 1-0-2-0-1-0. Now to one part of this mixture six parts of sterile water was added and this centrifuged for five minutes. The liquid was poured off and a loop full of the sediment examined as above. The number of bacilli tuberculosis per field was 175-185-25-242-45.

From a mixture of sputum dissolved in a 10 per cent NaOH solution, a loop full was taken and examined as above. Occasionally a field containing from 2-5 bacilli was found, most fields contained none, but one field contained 15. To 1 part of this mixture, 6 parts of water was added. This was centrifuged and examined. No field could be found which did not show at least one bacillus. Some fields showed 75, others 130, and a few 250 bacilli.

Three parts of sputum were dissolved in 2 parts of a 10 per cent solution of KOH. After thoroughly shaking a loop full of the mixture it was examined. Only occasionally could a field be found which showed as many as from 1-3 bacilli. One part of this mixture was added to 6 parts of water and then centrifuged. The liquid was poured off and a loop full of the sediment examined. No field could be found which did not show at least one bacillus. Many fields showed from 75-100 bacilli.

The above mixture of 3 parts sputum and 2 parts 10 per cent KOH solution was allowed to stand for 24 hours. One part of this was diluted with 6 parts of water, centrifuged and examined as above. Counts per field were from 1-150, just a little more numerous than in the preceding experiment. This and some similar experiments proved that if a KOH or NaOH solution did dissolve the bacilli the action was very slow.

Some sputum was examined before dissolving. The entire number in one loop full was 50 bacilli. The number in a second loop was 25. Now to this sputum some 10 per cent KOH solution

was added and thoroughly shaken. Nearly all the sputum was allowed to dissolve. A loop full from a small undissolved yellowish green streak was taken and examined. It contained 1300 bacilli. Another loop full from a similar streak contained 1200 bacilli. Thus this experiment indicates that the parts of sputum containing the masses of bacilli are the last to dissolve. After this sputum had all been dissolved one part of it was mixed with six parts of water and centrifuged. A loop full from the sediment contained 2500 bacilli tuberculosis.

Methods for making the solution heavier than the bacilli, so as to bring to the top on centrifuging, were attempted. Some sputum was dissolved in an ammoniacal solution and centrifuged, but more of the germs were found in the bottom of the tube than at the top. Some sputum dissolved in a KOH solution was mixed with a 25 per cent sodium chlorid solution. This formed a precipitate thus preventing an increase in specific gravity. Of other similar attempted none was satisfactory. Only by decreasing the specific gravity of the medium were good results gotten. The method most practical and most successful for me was to dissolve the sputum in about two-thirds its volume of a 10 per cent KOH solution which takes only a few minutes. Then dilute one part of this with six parts of sterile water, centrifuge, pour off liquid and examine the sediment in bottom of the tube.

The loop used in the above experiments was the ordinary platinum wire loop with a lumen of about $1\frac{1}{2}$ millimeters in diameter. The main objection to these experiments is that the loop did not always hold the same amount of material. However care was taken to get as nearly as possible the same amount each time, and this smeared over the same sized area of the cover glass. The sputum was gotten from various tubercular patients of the town. The stain used was the ordinary carbol-fuchsin solution, decolorizing with a 25 per cent sulphuric acid solution and counter-staining with Loeffler's methylene blue.

513 WEST FOURTH STREET.

Langerhans, one of the German pathologists, is dead at Berlin, aged 45.

Stellwag, the Austrian ophthalmologist, is dead at Vienna, aged 81.

Dr. Calvin T. Acker of Arkansas City died in Kay County, December 8 from consumption. He graduated from Rush in 1885.

SOCIETY NEWS.

Harvey County—Dr. and Mrs. G. D. Bennett were the hosts of "The Harvey County Medical Society" at its December meeting. There were present: Dr. Smolt, Drs. J. T. and L. C. Axtell, Dr. and Mrs. J. W. Graybill, Dr. and Mrs. S. S. Haury, Dr. and Mrs. L. T. Smith, Dr. J. H. Cooper, Dr. and Mrs. G. D. Bennett, Dr. and Mrs. Frank L. Abbey, all of Newton, Dr. E. J. Kanavel of Sedgwick and Dr. R. C. McClymonds of Walton.

Dr. Victor I. Vestling of Marquette, Kansas, was elected to membership.

A scholarly paper on "Immunity" was read by Dr. J. H. Cooper and illustrated by charts.

Dr. E. J. Kanavel read an interesting paper on "Neurasthenia." In the discussion following the paper it was decided that in this section of the country neurasthenia is more frequent in people of German parentage than in people of other nationalities. The society adjourned to partake of a delightful supper, daintily served by Mrs. Bennett.

FRANK L. ABBEY, *Secretary*.

Dickinson County—The annual meeting of the Dickinson County Medical Society was held in the court house at Abilene, December 15, 1904. The officers of the society were re-elected for one year by unanimous vote: President, L. Leverich, Solomon; Vice President, P. B. Whitener, Treasurer, T. R. Conklin; Secretary, Charles B. Buck, Abilene; Board of Censors, J. D. Riddell, Enterprise; F. M. Gaines, Solomon; J. N. Deiter, Abilene; for three, two and one years respectively.

Two able papers comprised the program: A plea for better urinalysis, by J. D. Dieter; and Meningitis with report of a case, by Dr. Gaines, Solomon. These papers evoked a lively discussion.

Five new members were elected to society membership, the society is rapidly growing and will in the near future embrace the entire profession of the county.

The next regular meeting will be held in the county court house, Abilene, Kansas, Thursday January 16, 1905.

CHAS. B. BUCK, *Secretary*,

Bourbon County—The first meeting of the Bourbon County Medical Society was held Monday evening, December 18 Dr. M. F. Jarrett, Ft. Scott, was elected president; R. Aikman, Ft. Scott, vice president; J. B. Carver, Ft. Scott, secretary and treasurer; Board of Censors: Drs. J. S. Cummings, Bronson, three years; E. B. Payne, Ft. Scott, two years; C. A. Van Velzer, Ft. Scott, one year. Drs. Aikman and Cummings were elected delegates to the state meeting.

The following are the names of the members: M. F. Jarrett, Ft. Scott; R. Aikman, Ft. Scott; E. B. Payne, Ft. Scott; J. B. Carver, Ft. Scott; E. Butler, Devon; J. L. Daugherty, Hiattville; J. T. Holeman, Garland; E. E. Anderson, Garland; M. Coryell, Cato.

This was a meeting to organize and our regular meeting will be the third Monday of each month. We expect to get every practising physician in Bourbon county.

J. B. CARVER, *Secretary*.

Anderson County—The Anderson County Medical Society met December 14 and elected officers under the new constitution; they are: Drs. E. T. Metcalf, Colony, president; T. Kirkpatrick, Garnett, vice president; J. R. Scott, Garnett, secretary; J. B. Jones, Garnett, treasurer; board of censors, J. A. Melligan, Garnett; T. A. Hood, Garnett, A. H. Rogers, Westphalia.

Meeting nights first Thursday of each month. We had an old society here organized about a year ago but it had not been a success and the annual meeting was September 1. We did not meet then or since. We voted to take or rather to continue the membership of the old one in this. Nearly two-thirds of the physicians in the county were members. We had over half when we adopted the new constitution. How many will keep up the membership, I do not know. Our dues were \$1.00. All may not care to pay \$3 00 for state membership. I was elected delegate to state society. None of us knew just what the basis of representation was.

(The dues to the state society are \$2.00. There is one delegate for each twenty-five members.—EDITOR.)

Below I give you names and addresses of those whom we consider members now.

D. O. Taylor, J. C. Smith, Greely; N. F. Jackson, Kincaid; E. T. Metcalf, J. Rudbeck, Colony; P. W. Robinson, Harris; W. M. Caton, Welda; A. H. Rogers, A. H. Skilman,

Mount Ida; J. B. Jones, J. A. Hennissy, J. A. Milligan, T. Kirkpatrick, Martha E. Cunningham, George Schoonover, D. M. Craig, T. A. Hood, Ida M. Scott, J. R. Scott, Garnett.

J. R. SCOTT, *Secretary*.

The Golden Belt Medical Society—Meets at Hope, Kansas, January 5, 1905, afternoon and evening sessions, program:

"Typhoid fever,"—Dr. Geo. Seitz, Salina.

"Professional sympathy, or how to foster medical fraternalism."—Dr. W. A. Klingburg, Elmo.

"Obstruction of bowels following appendicitis."—Dr. W. F. Bowen, Topeka.

"Etiology of typhoid fever."—Dr. S. J. Crumbine, Topeka.

"Report of a case of tetanus with complications."—Dr. Chas. B. Buck, Abilene.

"Clinical cases."—Dr. Ketchersid, Hope.

"Syphilis."—Dr. W. J. Wilhoit, St. George.

"The physician as a business man."—Dr. J. T. Axtell, Newton.

"Practical methods of house disinfection after contagious diseases."—Dr. W. D. Storrs, Secretary Topeka Board of Health.

"Pathological specimens."—Dr. R. S. Magee, Topeka.

L. LEVERICH, *Secretary*.

BELOIT, KANS., December 22, 1904.

Third District—*Dear Dr. Hoxie:* I assisted in organizing the Washington County Medical Society December 6, with about seventeen members, Dr. Ernest of Washington, President; Dr. George E. Foolery, Washington, Secretary. You will receive the names of members from Dr. Huffman after the first of January. I met the Jewell County physicians at Mankato and organized the county with Dr. O. W. Hughes of Jewell as President, and Dr. Allen, Mankato, as Secretary. The number was not so large as at Washington, but I hope to get the other physicians around to the necessity of society membership soon. I met the physicians of Rooks County at Stockton on the 13, and organized with Dr. Book, Stockton, President, and Dr. D.F. Stough, Stockton, as Secretary. I will endeavor to organize Phillips and Norton Counties early in the coming year, and will try and bunch about seven counties into about two organizations, since there are so few physicians located out here. Thus I will try and organize one county for Graham, Sheridan, Thomas and Sherman, and one for Decatur, Rawlins and Cheyenne.

The following are the counties organized in the Third Councilor District: CLAY, CLOUD, MITCHELL, OSBORNE, ROOKS, WASHINGTON, REPUBLIC, JEWELL, and SMITH, with a membership of 120 or more. You will get the entire list after New Years and I hope they will receive the JOURNAL regularly to assist in keeping the spark kindled. I regret that the JOURNAL is mailed in large, yellow envelopes, since it no doubt finds the waste basket in many an office because the doctor thinks it to be an advertising circular. I inquired of a physician in our city a short time ago if he read the JOURNAL. He said, "No, it has not arrived." But in looking over his pile of advertising rubbish he found it. I think its pages too clean to meet with such a fate. Earlier in the fall I mailed you notice of the organization of Osborne county and a letter noting the Cloud county meeting at Concordia; but failed to see any mention in the JOURNAL.

The Mitchell County Society held an interesting meeting at the court rooms in Beloit Thursday, December 15. Papers were read by Drs. E. N. Daniels, N. J. Saunders and F. B. Home. The officers elected for the ensuing year were: *President*, F. B. Home, Beloit; *Secretary*, E. N. Daniels, Beloit. Every qualified physician in Mitchell county is a member except one.

Wishing you a Merry Xmas and prosperous New Year I remain

Yours fraternally,

F. M. DAILY.

[EDITOR'S NOTE—We have tried to correct the "incognito-ness" of the JOURNAL in this issue by printing its title on the outside of the envelope. We dislike wrappers because they bend the JOURNAL but it looks as if we would have to use them. Evidently Dr. Daily's note on Osborne and Cloud counties got lost between my office and the printers. Dr. Daily's activity disproves some of the sweeping statements of Dr. McCormack's note. Personally I believe that the councillors are proving a self-sacrificing and zealous band of men and thus justifying our new method of organization. If every physician who has a legislator under his care will demonstrate the need of the public health measures mentioned in this issue, another justification of our present organization will have been realized.]

A. M. A.—The following members of our society joined the A. M. A. last month: W. B. Beach, Clyde; W. F. Fee, Meade; J. C. McClintock, Topeka; S. Murdock, Sabetha; P. W. Robinson, Harris; E. C. Rankin, McLouth; A. B. Scott, Jetmore.

KANSAS STATE BOARD OF HEALTH REPORT.

DECEMBER 12, 1904.

The following contagious diseases were reported to this office during the month of November:

DIPHTHERIA.

County.	Cases.	Deaths.	County.	Cases.	Deaths
Allen	6	2	Lyon	2	0
Anderson	4	2	Marshall	1	0
Atchison	1	0	McPherson	6	1
Barton	7	1	Montgomery	4	1
Brown	10	1	Nemaha	1	0
Butler	3	0	Osage	5	2
Chautauqua	3	0	Potawatomie	2	1
Cherokee	10	3	Pratt	1	0
Coffey	8	2	Republic	3	0
Crawford	5	0	Saline	1	0
Dickinson	1	0	Sedgwick	12	1
Douglas	1	0	Sherman	3	2
Elk	12	2	Wabaunsee	6	2
Ford	2	1	Wilson	12	3
Greenwood	5	2	Leavenworth City	22	4
Harvey	2	0	Topeka City	33	4
Jefferson	3	0	Wichita City	13	5
Labette	10	2			
Lane	1	0	Totals	224	42
Leavenworth	1	0			

SCARLET FEVER.

Allen	2	0	Mitchell	16	0
Barton	1	0	Montgomery	1	0
Brown	1	0	Neosho	1	0
Chautauqua	12	0	Osage	4	0
Cherokee	5	0	Reno	1	0
Cheyenne	11	4	Republic	2	1
Clay	10	0	Rooks	5	0
Crawford	23	0	Saline	1	0
Dickinson	5	0	Sedgwick	1	0
Kingman	11	0	Sherman	4	0
Labette	5	0	Wilson	40	1
Lyon	1	0	Woodson	1	0
Marion	6	0	Topeka City	19	1
Marshall	2	0	Wichita City	1	0
McPherson	3	0			
			Totals	195	7

SMALLPOX.

Allen	1	0	Lyon	12	0
Bourbon	30	0	McPherson	1	0
Cherokee	5	0	Montgomery	1	0
Coffey	4	0	Neosho	4	0
Crawford	1	0	Osage	16	0
Ellis	89	0	Rooks	50	0
Elk	1	0	Saline	2	0
Gove	6	0	Wilson	7	0
Graham	6	0	Woodson	15	5
Greenwood	1	0	Topeka City	2	0
Leavenworth	3	0	Leavenworth	11	0
Lincoln	50	0			
			Total	318	0

TYPHOID FEVER.

Allen	12	4	Gove	6	2
Atchison	1	0	Hamilton	3	1
Barber	1	1	Labette	2	0
Barton	4	0	Nemaha	1	0
Bourbon	4	0	Osborne	1	0
Brown	1	0	Reno	1	0
Cherokee	8	2	Sedgwick	8	0
Cheyenne	1	0	Sherman	2	0
Crawford	2	0	Stafford	4	0
Dickinson	1	0	Leavenworth City	30	0
Douglas	7	1	Topeka City	3	3
Edwards	2	0	Wichita City	13	2
Ford	2	0			
			Totals	130	16

Out of a total of 102 counties having county health officers, but sixty have reported. From the number of cases of diphtheria and smallpox reported from these counties, should the same ratio obtain in the counties not reporting, it would show the prevalence of these two diseases to rather an alarming extent. As the season progresses the infection of diphtheria, scarlet fever and smallpox seems to increase in malignancy, and it is of the utmost importance that a strict quarantine be maintained in all these cases. General vaccination should be insisted upon, and fresh supplies of anti-diphtheritic serum should be within convenient reach of every physician in the various counties. I bespeak the cooperation of county health officers in that they report their contagious diseases promptly, especially in making returns for the monthly bulletin.

A number of fatal cases of smallpox have been reported from Oklahoma, where in certain localities the disease seems to be particularly malignant, and a request has been made for quarantine at

the state line, but from present indications it would seem that such procedure is not warranted. It emphasizes, however, the very great importance of special effort to prevent the spread of this disease. County health officers along the border are urged to be on the lookout for new cases of infection coming from that direction.

Fraternally submitted,

S. J. CRUMBINE, M. D., *Secretary*.

STATE BOARD NEEDS.

TOPEKA, December 9, 1904.

G. H. HOXIE, M. D., Lawrence, Kansas.

Dear Doctor:—Several months ago I wrote you that I was receiving two copies of your journal, and suggested that while I enjoyed reading it I had not sufficient time at my disposal to read two copies, and requested that you discontinue one, since which time I have not received any. Now I suppose you are acting on the same hypothesis as a certain doctor whom I once heard of. A glutinous fellow had come to him for treatment and the doctor told him that inasmuch as he had been loading up for the past six months he would advise that he stop eating for the coming six months. I hope that you have not designedly, maliciously and willfully prescribed for me in like manner. I think that if you have preserved my former communication you will understand that I intended to receive at least one copy. Will you be so kind, therefore, as to send me the October, November and December numbers, and again add my name to your mailing list.

I would like, Doctor, if you would say something in the next issue of *THE JOURNAL* as to the desirability of the coming legislature passing a law placing municipal water supplies and sewerage systems of the state under the direct supervision of the State Board of Health, giving them ample powers to enforce their recommendations concerning the same. Under our present law the State Board of Health has no authority excepting purely an advisory one, which of course has little or no weight in adjusting the unsanitary situations as found in many cities. There are probably one hundred cities in Kansas that within the next few years will be wanting to install water plants and sewerage systems. The former are usually installed by some private corporation with little or no regard to the sanitary surroundings or the wholesomeness of the water obtained. This law should compel all cities to have the sanction of the State Board of Health in regard to their plans and specifications, such certificate of sanction to be based upon a personal visitation of our sanitary expert with such changes of plans and specifications as he may deem necessary to be made in the interests of public health. Such certificate not to be issued until the changes suggested have been made. The fees in the case would be paid by the city receiving such services. Such a bill would add nothing to the burden of taxation and give the people ample protection. Can you not appeal to the physicians over the state to lend their influence to their representatives and senators in supporting this bill?

Then, again, we want additional power in the abatement of nuisances. Our power in these instances is purely advisory. I could come down to the city of Lawrence and dump a load of manure right against your front door, provided it was on my own line, and you would have no relief in the matter except a long and tedious trial in the courts. This is not as it should be. The State Board of Health should have authority to order its removal on pain of instant arrest for non-compliance.

This Board is planning to issue a monthly bulletin giving the state of health throughout the state as relating to epidemic diseases, which will be issued the first of each month to county health officers and other health officials, so that they may be advised of conditions in adjoining counties and be thereby better enabled to protect their own community. The sta-

tistics heretofore issued from this office have been rather stale and of no practical value except for statistical purposes. This is not as it should be and I would like a word from THE JOURNAL urging the prompt reports of contagious diseases by physicians to their county health officers, so that the bulletin issued from this office may be reliable and fresh.

For the first time in six years, regular medicine is again represented in the secretary's office and we of that persuasion take a justifiable pride in the work relating thereto, and for that reason I appeal to the physicians to cooperate in the work, and am sure your excellent journal will do what it can in the matter.

Fraternally yours,

S. J. CRUMBINE, *Secretary*

We take pleasure in printing the above letter and in urging upon our readers such action as shall induce our legislators to consider the demands of the public health. Unless the Board has considerable power, it is a useless piece of furniture, and certainly the power asked for is well within reason. Now all the members of the legislature are known to our readers, that is some one of our readers is acquainted with some one member of the coming legislature. Consequently it falls upon you, each one, to speak to your friend, the member or senator, about the value of helping out the State Board of Health. Like all good things, this also should be done NOW.

THE COUNTY SOCIETY AND SECTARIANISM.

"The county society is an organization which was created not with the essential aim of carrying on scientific work; its prime object is rather to gather into one large influential body all right-minded physicians. There should be no allopaths in this society, no homeopaths, no eclectics. It should be composed of physicians without creed distinction, hence of men whose ultimate aims are identical. Petty jealousies and animosities, a characteristic of most professions in which segregation is forced upon its members, should here be forgotten, for the common good stands uppermost. It should be this society's function to work out the problems that confront the physician, and by united action to so influence public opinion as to earn and demand a higher position in the community, and thereby enlist its sympathy in promoting favorable and necessary legislation.

"Dr. MacCormack has expressed the conviction that it was not essential that the homeopaths and eclectics sever connection with their own societies before union with our county society is possible, and we ourselves have felt that the terms offered the homeopaths and eclectics of this state for capitulation were too unjustly severe. Adherence to a sect in medicine is, at best, like religion, largely an

accident of birth. No, let the homeopaths and eclectics continue to segregate as such, and discuss scientific topics in their own way; but when the common welfare is concerned, when legislation and reforms are needed in which they are interested equally with us, then they belong to us, and their voices and votes should be with us."—*Wisconsin Medical Journal*.

Here in Kansas we ought not for a moment to exclude the sectarians from our societies, because they are sectarians. The only ground for exclusion should be character. We have no fear lest, as some say, the national society refuse the national association to recognize our society if we admit irregulars; what the A. M. A. wants is the organization of the WHOLE profession. Let us have this year no more of the "I am better than thou" spirit and let us organize and reduce quackery and illiteracy to the minimum. All *good* physicians whether regulars, homeopaths, eclectics or osteopaths (if physicians) have at heart the same ideals, and should all work together.

OUR JOURNAL.

Dear Doctor:

* * * * *

I have been thinking for some time about writing to you in regard to your Journal. It is said that a man's best friend is the one who will tell him his faults. Now with all kindness toward you personally I wish to say that your Journal is not serving the interests of the profession by publishing so many reports of societies. I read my medical Journals for the help they give me at the bedside, it is practical information the physician wants. Second, The price has been doubled, and with the combined journals the value has been divided and compared with such journals as the *Alkaloidal Clinic* and the *Medical World* at \$1.00 each. Well that is enough. I have been in the practice for forty years and have credentials from two of the best medical schools of the east and hence I will ask you to accept this in the spirit of kindness. "With charity for all and malice towards none," I am Very respectfully.

Geuda Springs, Kas.

G. W. PARR.

We are glad to receive such criticisms, because they help to point out the real sphere of our journal. Its value will lie not in the learned articles from noted men, but in the practical papers from the men with whom we are working and who are working under conditions like our own. The writer has learned more practical points from his competitors than from his books. So in our journals, the practical points, the homely issues, are to be found in home papers. The doings of our societies are exceedingly interesting also to those who look for the betterment of the profession. [We must organize if we would improve.] But the editor *would* be very glad if more colleagues would send in case reports and therapeutic suggestions.

IMMUNITY.*

GEORGE HOWARD HOXIE., A. M., M. D.

Associate Professor of Anatomy in the University of Kansas.
Lawrence, Kansas.

The scientific treatment of disease began only when physicians learned the nature of the morbid process. How lately it is that such knowledge has become the property of the profession is startling to recall. To repeat the proposition, until we know the real cause of the disease and the changes occurring in the body under the influence of those causes, our treatment is empiric and more or less haphazard and we are in constant danger of erring because we reason *post hoc propter hoc*.

But it is impossible to know pathology until we know physiology; we cannot understand the unnatural until we know the natural processes. Further we cannot understand the processes and changes in our bodies until we know somewhat definitely the structure of our bodies. Hence it is that anatomy must precede physiology; and both anatomy and physiology are the necessary forerunners of successful clinical instruction, and only upon a real comprehension of them can a science and an art of medicine develop.

We can date our modern anatomy to the courage of Vesalius (1514-1564) in combatting the traditions of the centuries. Harvey on the other hand may be called the first physiologist (1628); but really physiology did not mean anything of value until the days of Johann Muller and the Weber Brothers toward the end of the first half of the nineteenth century.

Then hand in hand with the development of physiology came pathology. Davaine saw the anthrax bacillus in 1850, but his discovery meant little or nothing until Pasteur and Koch taught how to grow these bacilli outside of the organism. This of course developed the study of disease causation. But to Rudolph Virchow we owe most of the modern impetus to the study of pathology. His demonstration in 1858 that in the body cell could be found the actual changes produced by disease enabled the thinking physician to break away from tradition and the study at first hand disease processes.

Of course in the first glow of enthusiasm over the discovery of germs and the changes produced by them in the body, some natur-

*Read before the Sigma Xi Society of the University of Kansas. Nov. 17, 1904.

ally went too far and thought all diseases the result of germ activity and that for each disease a special germ must exist. We find however that one organism can produce very different lesions according to its location and its virulence; and our knowledge of these matters is becoming more and more definite, with the result that while we are less credulous and universal in speculations our results and theories are coming into closer touch.

Now it has long been known that convalescence from an attack of some infectious diseases affords more or less protection against the recurrence of those diseases. Thus in the east for centuries the immunity from smallpox of those who had suffered the disease was well known and children were exposed to the disease in order that if they survived, they might enjoy freedom from it thereafter. So also in the so-called diseases of childhood the immunity from future attacks was well known.

Another fact of common observation was that the tendency of most diseases is to have a rather limited course—thus, pneumonia yields from the 7th to the 11th day; typhoid fever from the 21st to the 28th day; scarlet fever in the 7th to the 14th day; measles usually limits its course to two weeks, etc. Therefore since the tendency of most diseases is toward recovery, the practice of medicine was at once the delight of the ignorant and the despair of the thinking physician. The former believed that his own combination of drugs did everything while the latter seriously doubted if his drugs did anything. The world was becoming ready to understand that in the action and reaction between causal agent and the human body there was developed a something which set a limit to the progress of the disease.

The first idea of the disease process was that of fermentation, and since the activities of the yeast plant are limited by its own production of alcohol it was believed, and I remember it as the teaching in my school physiology—that convalescence from infectious disease was due to an auto-intoxication of the germs with their own life products. Another belief, aroused by the insufficiency of the first, was that the bacteria exhausted all the food suitable for their growth and then perished. This was disproven by the fact that bacteria could still grow on blood serum derived from the same animal in which the supply of food for bacteria was supposed to be exhausted.

Hence a study of the pathogenic action of bacteria was necessary in order to understand the fact of spontaneous recovery.

(Continued in February number.)

A Dissatisfied Society—The Golden Belt Medical Society, which includes a large number of the most prominent doctors of Central Kansas, has decided not to be connected with the Kansas State Society. It formerly sent a good lot of delegates to the American Medical Association.—*American Journal of Surgery and Gynecology*.

The action of the Golden Belt Society will of course be interpreted by the general reader in the same way in which Dr. Lanphear interprets it. Dr. Lindsay, the president of the society, however, assured us that the action was not due to dissatisfaction with the state society, but because their status in such an affiliation seemed not determined. The majority of the membership of the society are also members independently of the state society. Nevertheless we believe that the Golden Belt has everything to gain and nothing to lose by affiliation with the state society.

BOOK REVIEWS.

BLOOD PRESSURE, as affecting Head, Brain, Kidneys and general circulation. A practical consideration of Theory and Practice. By Louis F. Bishop, A. M., M. D., Physician to Lincoln Hospital and French Hospital, New York. 12mo., cloth, \$1.00, pp. 112, New York, E. B. Treat & Co., 1904.

This is an essay on the important matter of circulatory disturbances. The criticism of it must be that it is theoretical rather than practical, *i. e.*, better adapted for the specialist and thinker than for the busy practitioner who can or will not take the time to study underlying principles.

In combating high pressure diseases Dr. Bishop uses the iodid of soda, with now and then a little nitroglycerin for emergencies. He does not speak of the electro-static head breeze or of surgical interference. His remarks however on hydrotheraphy and hygiene, although rather general, are good.

If Dr. Bishop would devote some fifty pages more to the diagnosis of circulatory disturbances, showing the difference between the symptoms of a scarlatinal nephritis and a myocarditis, for example; or of angina pectoris and its causative factors, his book would be very valuable to the general practitioner. HOXIE.

Physician's Vest Pocket Day Book. This is issued by the advertising department of the G. W. Carnrick Co., 29 Sullivan St., New

York City. It contains 28 double pages lined for 20 accounts for the week. One book would last the ordinary practitioner perhaps a month. But inasmuch as the publishers issue them gratis, this is no drawback. One good thing about this vest pocket system is that it teaches us practitioners to put down our accounts on the spot and not lose by leaving so much to memory. Send for a copy if you want such a booklet.

NEW METHODS OF TREATMENT by Dr. Laumonier. Translated and edited from the second revised and enlarged French edition by H. W. Syers, M. A., M. D. (Cantab.), London. Chicago: W. T. Keener & Co., 1904. Cloth. 12mo. pp. xvii plus 321. Price \$2.50.

This is interesting as well as instructive reading, because it gives a dispassionate review of all the newer European drugs and cures. Its extent may be surmised from the chapter headings, which are: Nutritive alterants (Lecithin, Nuclein, et c.), Blood alterants, Mineral Medication, Respiratory alterants, Renal alterants, Vaso-motor alterants, Opothorapy, Serothorapy and Vaccination, Nerve alterants, Antipyretics, Antiseptics. While the style has not the charm of an original production, yet it seems to be clear. But in general the book leaves us with a feeling of disappointment,—with the feeling that perhaps the therepeutic nihilists are right. Every one who can should read the book, if for no other reason than to have information to check up the wild chaims of our enthusiastic brethren who having tried a new remedy and found it successful in one case, therefore laud it to the skies.

HOXIE.

APPENDICITIS AND OTHER DISEASES ABOUT THE APPENDIX, Bayard Holmes, M. D., Professor of Surgery in the University of Illinois. 800; pp. 368, 39 Illustrations, 7 plates. New York: D. Appleton & Co., 1904. Price \$2.00.

This is a very entertaining volume. Its style has enough of literary charm to carry the interest, and the method of presentation is fresh and novel. We congratulate Prof. Holmes on his production.

The author advocates operative treatment for appendicitis and when possible under local and nitrous oxide anesthesia. Under favorable conditions he lets the patient walk as soon as he recovers from the anesthesia and leave the hospital in 4 to 7 days.

The book will be of great help to the general practitioner because it discusses differential diagnosis and symptomatology in great detail.

"This book is a portion of the author's forthcoming volume on the Surgery of the Abdomen, which will be his second volume on Surgical Emergencies. The Surgery of the Head appeared eighteen months ago.

It follows out the plan adopted in the *Surgery of the Head*, and presents in full the more important and more imminent conditions calling for surgical relief. Each topic is illustrated by abundant clinical reports, which are introduced in order to make the presentation as vivid and lasting as possible. The work is largely based upon the author's experience, especially in diagnosis and indications for treatment. It presents the unclouded picture of the disease with all its threatening possibilities, and shows in an orderly and logical manner the attitude of the physician toward the first and each subsequent manifestation of the disease. It puts before him the dangers which threaten the patient, and calls attention to the errors into which the attending physician is likely to be led.

No effort is made in this work to collate the contributions of the profession to this subject, but it gives in a forceful and masterly way the picture of the disease and the indications for its treatment which a logical mind with great experience and extensive reading is bound to assume."

HOXIE.

Pamphlets Received.

Traumatic Abscess of cerebrum by Dr. Ernest F. Robinson of Kansas City, Mo.

The American Journal of Nursing for December, 1904. Published by the J. B. Lippincott Co., Philadelphia.

The Treatment of Pneumonia by Frank DeWitt Reese, M. D., Cortland, N. Y. Reprinted from *The Medical Record*, November 26, 1904.

Tropical Abscess of the liver by Dr. Ernest F. Robinson, Kansas City, Mo. Reprinted from the *Annals of Surgery* for October 1904.

Suprapubic Enucleation of the Prostate by H. O. Walker, M. D., Detroit, Mich. Reprinted from the *International Journal of Surgery* for September 1904.

The results of treatment of carcinoma by the rontgen ray. Dr. J. N. Scott, Kansas City, Mo. Reprinted from *American Medicine* for November 12, 1904.

Finsen Light, X-Rays, High Frequency Currents—Another year's experience, L. Duncan Bulkley, M. A., M. D., N. Y. Skin and Cancer Hospital. From the Proceedings of the Connecticut Medical Society, 1904.

The aseptic technic of abdominal surgery with the topographical and visceral anatomy of the male and female abdomen. Illustrated. Dr. H. O. Walker, Detroit, Mich. The synopsis of a lecture to the senior class of the Detroit College of Medicine.

DEAR DR. HOXIE:—Yours received and noted. I appreciate your effort to get the JOURNAL on a substantial basis and trust it can be done. While I am in Missouri, I am a Kansan at heart and will go to the old home at Council Grove, Kansas, to my final resting place; so my interests are with you.

I will be glad to have you give me the half page ad for 1905 and enclose form to you for same. Also I remit check to you for amount of your bill due. Believe me,

Very truly yours,

S. GROVER BURNETT.

Journal of the Kansas Medical Society:

Lawrence, Kansas.

GENTLEMEN:—We beg to acknowledge the receipt of your esteemed favor of December 8, and have carefully noted its contents. We appreciate very fully your position in this matter. Your journal is always attractive both from typographical and editorial standpoints and we have no doubt the expense in publishing such an issue must be considerable. We of course would not think of relinquishing the position which we have occupied for so long a time. We would suggest that you return us contracts in duplicate to cover the year 1905.

We shall be pleased to take advantage of your new department which is headed "With Our Advertisers." We have no doubt but that this will prove to be an attractive feature both to your readers and to the advertiser.

With best wishes for the success of your journal, we remain,

Yours very truly,

SAMUEL OWEN, Pres.

KRESS & OWEN COMPANY.

Dear Doctor:—Please change the address of my journal from Galena, Kas., to Ft. Scott Kas., as I am now located at that place and I do not want to miss the Journal.

Yours truly,

E. B. PAYNE.

WITH OUR ADVERTISERS.

"Various preparations of *Cod Liver Oil* have appeared in the market during the past ten years, but for palatability and efficiency none of them has surpassed Hagee's Cordial of Cod Liver Oil Comp. This preparation has become a standard with many doctors all over the country, and the results achieved are most satisfactory. The freedom from grease and the fishy odor makes it peculiarly acceptable to patients with weak stomachs."—*Southern Medicine and Surgery*.

The State Society Meets in Wichita May 3, 4 and 5.

The Journal

OF

The Kansas Medical Society

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Volume V

February 1, 1905

Number 2

ETIOLOGY AND PREVENTION OF TYPHOID FEVER.*

S. J. CRUMBINE, M. D.

Secretary of the State Board of Health, Topeka.

Our annual reports year after year, of thousands of cases of a serious preventable disease, involving a large mortality and a huge economic loss, strongly suggests the imperfection or insufficiency of our prophylactic measures. This applies to typhoid fever in Kansas. Ten thousand seven hundred and twenty cases, and three thousand four hundred and fifty-one deaths, and an economic loss of millions of dollars is the record for the decade ending with 1903. Moreover, of the usual diseases, none, with the exception of tuberculosis can compare with typhoid fever in importance. This is true not only because of the mortality, but also because it attacks by preference strong and robust individuals between the ages of 18 and 40, and because it involves a disability measured by months, rather than by weeks and days. Furthermore, we can no longer plead ignorance of its cause and methods of dissemination, and the lessons taught by repeated epidemics, are familiar to every tyro in the study of medicine.

*Read before the Golden Belt Medical Society, January 5, 1905.

What may be termed our working knowledge of the disease is ample, and may be briefly summarized as follows: It is caused by the bacillus typhosus, an organism which exists in large numbers in the stools, urine, saliva and perspiration of patients, and which may persist for months, or as some authorities have said, even for years in the urine of patients, after they have been discharged as cured. It may also be harbored by healthy individuals.

Patients receive the infection by the mouth in water, milk or food, these having been infected by the bacillus by one of the ways hereinafter described. The bacillus has been demonstrated to be present in waters used for drinking, and their relationship to epidemics so clearly proven, that there can be no question as to this being a frequent source of infection, and where the disease assumes an epidemic form, is in a large majority of cases the undoubted source of infection.

Dr. John S. Fulton writing in the *Journal of the American Medical Association* January 9, 1904, says:

"Typhoid fever is essentially a rural disease, its propagation in general is from the country to the town, rather than from the town to the country. To strike at the root of the matter, we should not wait until sickness appears, but should anticipate the occurrence of infection. Surely preventive medicine must engage the serious thought of every true and honorable member of the profession, and the time is now here when preventative medicine and curative medicine go hand in hand, and are equally important to the individual, the state and the nation."

If Dr. Fulton is right, then such anticipation can only be done by a comprehensive rural sanitation. With the state becoming thickly settled, with milk and vegetables brought from every direction to the towns and cities, and with the larger centers of population reaching out farther and farther for their water supply, we must now look upon even the remote rural inhabitant as a neighbor, and take a lively interest in his well, his yard and the brook that traverses his farm. By waging an effective warfare at this hitherto neglected point we can prevent the pollution of water and milk, and the conveyance of infection by dust and flies. The rural privy is the original plague spot, although the casual or unusual deposits of infectious excreta may at times play a part. The location of the privy is usually based solely on considerations of the farmer's convenience of access and a moderate degree of privacy, little or no thought being given to the direction of the flow of the ground water. The building is seldom cleaned, rarely screened, and the vault is never disinfected. Thousands of flies make daily pilgrimages to this pathogenic nursery, and the chickens and pigs are not unknown visitors to the delectable mess.

It is in truth a Herculean task to accomplish a reform involving so much perplexing detail, but the task is insignificant when compared with the evil which its accomplishment would, in a large measure avert. It must be done sooner or later, and when it has been put into effective operation the wonder will be that it was not sooner undertaken.

The first step in bringing about the reforms suggested should be the formulating of the best practical methods of keeping privy vaults in a sanitary condition. The next, the appointment of a number of civil engineers as a permanent force of state sanitary inspectors whose duty should be to make a complete sanitary survey of the state, with power to condemn improperly located and improperly managed privies. They should also instruct the people as to the best use of screens, the care of manure heaps to prevent the breeding of flies, and the general sanitary management of stables and yards. They should make frequent rounds of their respective districts, reporting in writing to their superintendent. The whole matter might well be placed under the control and direction of the state board of health.

Inasmuch as the entire surface of the state is but a water-shed which drains into our rivers, from which the cities in most instances, in Kansas at least, get their water supply it can readily be seen that the matter of rural sanitation is an exceedingly important one. But not only may the bacillus through these means be gathered as an infection to pollute the water supply of cities taking such from streams, but the emptying of sewers from the cities themselves into streams is also an additional method of infection and cannot be too strongly condemned. Were it not for certain natural processes whereby the running waters in streams have a tendency to purify themselves they would soon become little better than open sewers carrying death and destruction in their wake. These natural factors are, first, the small amount in many waters of sufficient organic matter to serve as food for the bacteria; second, the destructive action of sunlight; third, the antagonistic effect of many harmless micro-organisms indigenous to many waters. There is little reason to believe that pathogenic organisms usually multiply to any degree after gaining entrance to most of the potable waters, but it is possible that water may be consumed at such an early period after it is contaminated that the infectious agents may not have yet been killed. The rapid flow of water in most of the Kansas streams make them particularly dangerous when infected; as the water from the point of infection will have gone a considerable dis-

tance before these natural agencies may have accomplished the destruction of the pathogenic organs.

Some experiments were conducted in Chicago in the fall of 1903 by the Chicago Health Department to determine if possible the length of life of the typhoid bacillus as found in the waters of Lake Michigan, the Chicago drainage canal, and the Illinois river. From the experiments recorded it appears that under conditions that probably closely simulated those in nature the vast majority of bacilli introduced in the several waters perished within from three to four days. Authors state that it is theoretically possible that specially resistant cells may occur which are able to withstand for a longer period the hostile influences evidently present in water. Their experiments show, however, that if such resistant individuals exist they must be very few in number and constitute only a small fraction of the bacilli originally entering the water.

A frequent source of infection may be the contamination of the water supply as contained in the well, cistern or spring. Such contamination may be either from fecal matter thrown upon the ground near such well, cistern or spring, and washed into the same through surface drainage, or the cistern may become contaminated by defective plumbing, as was instanced in a case which came to my notice but recently. A gentleman living in the northern part of the state having a cistern as a water supply had a case of typhoid fever in his family several years ago. This case was followed by a second one. Removing from that city to Topeka his house was rented and in a short time a member of the family renting was taken sick with the disease, the child dying, and this was followed by a second case, whereupon it became evident to the attending physician that there must be some infectious point about the premises. Investigation of the sewer pipe leading from the closet to the main sewer, and but a few feet outside the cistern wall, disclosed several leaky joints whereby the cistern became contaminated with the sewer washings, infecting the drinking water. Such cases unquestionably are of frequent occurrence, and suggest the importance of a careful inspection of the plumbing of the house in all cases of typhoid fever.

The contamination of milk cans by washing them with infected water, and of uncooked vegetables or fruit through the same cause has been clearly proven.

One of the most frequent cause of infection in my judgment is that of flies. The common house fly aside from the personal annoyance that its presence creates, has been conclusively shown to possess habits fraught with great danger to health and life. Recent experiments show that beyond a reasonable doubt it is frequently the direct means of conveying the typhoid germ from open cess-pools to articles of food to which it may have access.

Majors Firth and Horrocks, medical officers in the British army, made careful examinations of flies which had been permitted to crawl over stools from typhoid patients, and they were found to contain the typhoid germs on their heads, legs, wings and bodies. The results

of the investigation of the United States Army medical commission into the causes of typhoid in the military camps during the Spanish-American war further demonstrate the possibility of evil possessed by these insects. Their report says: "Flies were undoubtedly the most active agents in the spread of typhoid fever. Flies alternately visited and fed on the fecal matter and the food in the mess tents. More than once it happened that when lime was scattered over the fecal matter in the pits flies were seen walking over the food. It was also observed that typhoid fever was much less frequent among messes who had their tents screened than it was among those who took no such precautions."

Such indictment should be at least sufficient to condemn the house fly to banishment from our homes and if possible to death. Not only may flies infect the food in our homes in the manner indicated, but I am persuaded that infection is frequently conveyed to over-ripe or bruised fruit and vegetables displayed in ordinary grocery stores. It is an almost universal practice, especially in the city of Topeka, for grocery men and fruit men to display their fruit and vegetables on benches on the sidewalks in front of their stores open to the ravages of flies and other insects, and ready to receive the deposit of all kinds of street filth, dried sputum and pathogenic germs that the passing breeze may bring. The practice is most reprehensible and dangerous in the extreme, and should receive the severe condemnation of this society and every regular physician. I am fully persuaded that in one instance at least I have had a case of typhoid fever in my own practice from infected fruit.

It has been said that oysters may carry the infection of typhoid fever. It was formerly the practice to plant oyster beds near the mouth of sewers that they might better fatten thereby. This resulted in a number of epidemics of typhoid fever and at least one of cholera on the continent. It seems that notwithstanding these investigations and clear proofs that we still occasionally have infected oysters to deal with. You may call to mind the epidemic of typhoid fever which occurred in a wedding party at Wellington a short time since. Indeed, many of the victims have not yet recovered from the disease. Upon hearing of these unusual cases I asked the county health officer to institute a searching investigation and determine if possible the cause. Unfortunately, all the material used at this wedding party had been disposed of before the cases came down, but it seems to be the unanimous opinion of the physicians in Wellington that the infection was caused by infected oysters eaten at the wedding dinner.

It has been demonstrated several times to the entire satisfaction of the investigators that typhoid epidemics have been caused by the raising of vegetables on grounds fertilized by filtered sewage. The State Board of Health of Massachusetts demonstrated that an epidemic of typhoid fever at the state hospital for the insane at Northampton was spread by celery raised on the premises in beds watered by filtered sewage. The disease occurred in those who had eaten celery, and the avoidance of this vegetable was effective in checking the spread of the infection. Only this summer the Chicago Board of Health condemned a quantity of celery

that had been raised in this manner, after demonstrating to their entire satisfaction that it was infected. Ferre has reported an epidemic that occurred in a girls' school affecting only the boarders and not the day scholars, in which it was found that the vegetable garden from which the school was supplied was watered with contents of a cesspool.

These various modes of infection and the well known source of the infected material from the individual person at once suggest the means of prevention. That the germs can be destroyed in every event before they have an opportunity to become a danger to other individuals is quite generally admitted. We have various materials which are germicides to the bacilli of the disease; and if not, let our pathologists ascertain the facts and devise such a material or method that will assure the destruction of the germs in every case by the fecal matter, the urinary secretions, the secretions of the salivary glands, the expectoration and sweat glands. Flies must be prevented from entering a house containing a typhoid patient, or if they enter destroy them before they escape from the apartments. All excretions and waste must be properly deposited after disinfecting at some point a safe distance from any drinking water or possible drainage into underground streams or cisterns. The well known epidemic at Plymouth, Pennsylvania, in 1885, is an example of what might have been done to prevent the occurrence of the epidemic. If the stools and excretions of that one case had been sterilized instead of having been thrown out on the frozen creek side the calamity of the Plymouth epidemic would have been prevented.

The State Board of Health has prepared a bill to present to the legislature this winter which contemplates putting the municipal water supply and sewerage systems, and the general supervision of the waters and streams used for public water supply under the direct supervision of the State Board of Health, and I believe that such a bill whose purpose it is to prevent the pollution of our streams should have the hearty co-operation of every citizen in the state of Kansas, but more especially the physicians who are so familiar with the propagation of this dread disease. May we not expect co-operation in helping us to have this bill favorably acted upon by the legislature?

[See also Professor Bartow's paper in this JOURNAL]

Colorado Medicine—The organ of the State Society of Colorado has decided to exclude all advertisements from its pages until it can command a class of advertising about which there will be no question. This decision will cost the society probably \$1,000 a year.

WATER SUPPLIES OF SOUTHERN KANSAS.*

EDWARD BARTOW.

Department of Chemistry of the University of Kansas, Lawrence,

[We have had to abstract Prof. Bartow's paper in order to include it in this issue. Prof. Bartow introduces his subject by relating the work done in studying the waters of this state and the necessity for such study. He then defines the territory studied by him.—Editor.]

I will deal only with the watersheds of the Marais des Cygnes, Neosho and Verdigris rivers; because I have made some systematic examinations of these three rivers. These rivers drain all or a part of twenty-two counties, having an area of fourteen thousand square miles, and a population of about 400,000. In area these counties equal in size the combined areas of the states of New Hampshire and Connecticut, and they were as thickly populated as either New Hampshire or Vermont, at the time of the last census. Moreover the population has greatly increased since the last census, owing to the rapid development of the gas and oil fields.

The gas fields had been drawn upon for several years for city gas supplies and a small oil refinery was operated at Neodesha prior to 1901. It is from that date that the operations began to assume the colossal dimensions that in a few years will make the Kansas, Indian Territory, Oklahoma field the greatest in the United States, and probably the greatest in the world. The output of oil has increased one hundred fold in the last four year, from 200 barrels per day to in 19,006 to 20,000 barrels per day in 1904. The handling of this oil means a large increase in population, and in addition brick plants, cement works, zinc smelters, and glass factories are using the gas and bringing thousands of people into the section.

It is necessary to provide an abundant supply of pure water for this increased and increasing population and it is necessary to take proper care of the sewage from these enlarged and enlarging cities. The individual city will have a tendency to look out for itself, to the possible, even probable detriment of neighboring cities. For example, a city may obtain its water supply from one of these rivers and dispose of its sewage in the same river farther down the stream. At certain seasons of the year, the rivers in this southeastern section are so decreased in volume that they will not afford sufficient dilution to purify the organic matter which exists in these enlarged and enlarging cities. One such case suffices to show that the state should have a general oversight of the water supplies and sewage systems throughout the state of Kansas.

In order to learn definitely the source of water supplied to the

*An address delivered at Topeka, Dec. 30, 1904, before the thirty-sixth annual meeting of the Kansas Academy of Science.

cities of this southeastern section, I have addressed letters to mayors of said cities: According to the United States Gazetteer for Kansas (1891) there are 119 cities and villages in this section of the state; thirty-five in the Marois des Cygnes watershed, fifty-six in the Neosho, and twenty eight in the Verdigris. I have received replies from seventy-five of the cities and find that twenty-seven have already a public water supply, nineteen of which obtain their supply in whole or in part from these rivers. Only thirteen have public sewers, and as far as my knowledge extends these empty into these rivers. Thirty-nine from which replies were received obtain their supplies from wells and cisterns. A few obtain their supplies from springs and one from a lake.

We thus see by an examination of the reports that the source of the water used by these cities is either cisterns, wells or rivers,

[Prof Bartow then goes on to discuss the uses and relative values of the three sources of water cisterns, wells and rivers. He shows the great liability to infection of wells, especially in thickly settled regions.]

The third source of water supply to be considered, surface water, may be described as a combination of rain water and ground water. This water is usually from lakes, rivers or impounding reservoirs. In southeastern Kansas there are no large lakes, hence the streams are the only source of surface water to be considered.

To be entirely pure a surface water should be collected from an uninhabited region. New York City obtains its water supply from surface water. Considerable areas have been depopulated, farms have been condemned, and even whole villages have been removed from the watersheds of its reservoirs. It has become a great problem to furnish a sufficient supply of pure water, and at present they are contemplating still further operations of the same kind.

In southeastern Kansas the rivers necessarily receive the drainage not only from houses, but from streets and barnyards. The organic matter in this drainage will be removed and destroyed, if there is sufficient dilution, and if there is a sufficient lapse of time between the contamination and the use of the water. The greatest danger lies in contamination by disease germs. Some are nearly always present in the sewage of a city.

An illustration of the effect of such contamination is the typhoid epidemic that raged in the Hudson valley in 1890-91. Prof. Wm. P. Mason, of Rensselaer Polytechnic Institute, (Water Supply, p. 33), investigated in person and describes it somewhat as follows: The epidemic began at Schenectady in July, 1890. The drainage of Schenectady passes into the Mohawk river. Typhoid fever broke out at Cohoes, farther down the river, in October, and at West Troy in November. These cities obtain their water supply from the Mohawk, and return their sewage into the Mohawk and the Hudson. Typhoid fever broke out at Albany six miles below West Troy in December. Albany's water supply is obtained from the Hudson, opposite the city. There was practically no typhoid in Waterford and Lansingburgh, cities connected to Cohoes by bridges, but cities that obtain their water supply from the Hudson above the Mohawk junction and from the hills respectively. There was also no fever in Troy proper, supplied with water from the Hudson above the Mohawk junction. Albany, at least, has since introduced a filtration line.

Not only can a river be infected by sewage from a city, but it may be infected by a single individual. The fecal discharges of a person suffering from typhoid fever thrown upon the ground have been known in well authenticated cases to have been washed by rain or melting snow into a stream which serves as a water supply. The outcome was a serious epidemic with loss of life.

Cities are being built up so near each other on these Kansas rivers that it seems advisable to suggest and even to demand that no untreated sewage be allowed to flow into these streams, and that no unfiltered water be allowed to enter the service pipes of any water system.

Special caution is needed in this section for an abundance of water can only be obtained from these rivers. Think of the list of larger cities on the Neosho, all taking their water supply from this river, and emptying their sewage directly or indirectly into it. Emporia, Burlington, Iola, Humboldt, Chanute, Erie, Oswego. The same statement may be made of the cities on the Verdigris, though a smaller list on a smaller stream, Fredonia, Neodesha, Independence, Coffeyville.

A chemical examination of the water of these three river systems was carried on in the laboratory for water analysis of the University of Kansas during 1903-04. The expenses of collection were defrayed by the division of Hydro-Economics of the United States Geological Survey. The work was under my direction and I was ably assisted by Mr. W. A. Sellards, K. S. U. 1903, and by Mr. P. C. Jeans, K. S. U. Collections of water were made principally during the college year at Ottawa, Lacygne, Emporia, Burlington, Chanute, Oswego, Benedict, Independence and Fredonia. Turbidity readings have been made since July, 1904, at Ottawa, Emporia, Oswego and Fall River. Results are to be published in full. The most important conclusion to be drawn is that these rivers, on account of the organic matter and turbidity do not furnish a water that can be used as a household supply without treatment. Investigations should be undertaken to find the best method of treatment for rendering it serviceable; whether by filtration, or by settling basins, with or without a coagulant. Preliminary tests when a treating plant is to be established are almost a necessity, and have been shown to be of great value at Louisville and Cincinnati, where the Ohio river was tested.

As a rule a turbid river water contains organic matter and bacteria, but sometimes a turbid well water may be practically germ free, when the water of a deep well contains a large amount of ferrous iron. Such a water may be clear and bright when first drawn, but become turbid on standing. Most people do not like to drink a turbid water, and will drink instead any clear well water, regardless of its source.

The waters of these rivers must be treated to render them clear and germ free for household use. And it is possible to treat them in such a way as to make them soft for laundry and manufacturing

purposes. The question that occurs to many is, What is the use? or in other words, Does it pay?

As an example of the use of filtration to obtain a germ free water I will mention the experience of the adjoining cities of Hamburg and Altoona in Germany during the cholera epidemic in 1892. Hamburg used unfiltered Elbe water, while Altoona used filtered Elbe water after it had received the sewage of over 800,000 people of Hamburg. The case-rate in Hamburg was 263 per 10,000 inhabitants, while in Altoona it was only 38 1, and most of these cases had their origin in Hamburg. One part of Hamburg supplied by water from Altoona did not have a single case though surrounded by the disease.

As an example of the value of water treatment to soften it, I will refer to the work of the Santa Fe railroad in analyzing and treating waters through its system from Chicago to California. In the Journal of Locomotive Firemen, Mr. Powers, the chief chemist for the Santa Fe, tells of the work done, and I take the liberty of reviewing his article. In 1902, the Santa Fe began the treatment to soften waters by means of soda, ash and lime. In September, 1904, there were 66 plants in operation, capable of treating from 50,000 to 300,000 gallons of water per day, at a cost of from one to eight cents per thousand gallons. The cost depends on the quality of water. It is calculated that the treatment removes four and one half tons of incrustants daily from 3,570,000 gallons of water used. From the only plant thus far erected in southeastern Kansas, at Neosho Rapids, 150 pounds of incrustants are removed from a daily consumption of 50,000 gallons. The results are highly satisfactory, and the life of the flues and fire-boxes has been more than doubled.

The Kansas cities as individual cities are not large enough to undertake the necessary examinations advantageously. It is a task for the state. Other states and some large cities have established chemical surveys of their water supplies. Considerable surveys of streams, watersheds, and other possible sources of city supplies have been thoroughly examined. Several states have undertaken such work, sometimes from a chemical standpoint only, and in other cases bacteriological examinations have been included.

The most expensive work has been done by Massachusetts, carried on under the auspices of the State Board of Health. Their work was begun in 1887, and made possible by an act of the legislature, which is quoted elsewhere. Connecticut has made similar examinations. New York City has carefully examined its watershed, and has recently extended its examinations to include sources of water supply within 150 miles of the city. Ohio began such work 1897, Illinois has been engaged in a chemical survey for a number of years, and considerable work has been done by the cities of Chicago and St. Louis. Other states have also made examinations, and in many cases have established a standard of purity for the state. All water intended for municipal use must conform to this standard. Michigan and Iowa are examples.

Since geological conditions vary, it is necessary for each state to deal with its own problems and sometimes as in Kansas, the problems must be worked out for different sections of the state. The chlorine standard for the watersheds of southeastern Kansas will not answer for the valley of the Kansas river.

As I have said before, the control of the water supply should be in the hands of the state, and since Massachusetts has done the most work and the best work in solving the problems discussed, I call your attention to the law passed in that state in 1888.

A similar law is entirely possible in Kansas. The water supply

from the rivers of Kansas can be rendered perfectly hygienic. It is my hope that the legislature will direct the State Board of Health to

1. Have a general oversight of the water supplies and the sewage systems of the state.

2. To employ engineers, chemists and whatever expert assistants may be necessary to make a chemical examination of the water supplies, who shall experiment as is necessary with sewage purification, who shall establish a standard of purity for the water to be served to cities and towns, who shall advise cities and town in regard to the care of the supplies already in use, and to assist them in planning further supplies.

SOME FAULTS IN THE LAWS REGULATING THE PRACTICE OF MEDICINE IN THE VARIOUS STATES.*

J. E. JEWETT, M. D.,

Moran, Kansas.

My reason for selecting this subject is the fact that the laws and the rules of the examining boards which have the effect of laws, regulating the practice of medicine in the different states of our nation, vary so widely, and since most of the states do not recognize the certificates of other states, there results a great hardship to the members of the medical profession. I most heartily approve of the means taken by many of the states to abolish quackery and charlatanism, but in many cases the object is not attained, and many of them, either by law or by rule of the examining board, discriminate in favor of the graduates of the colleges of their own states, or else, make the examinations so minutely technical, that only a minority of the well qualified physicians who have been in practice for two or more years can meet the requirements, and secure licence to practice medicine, although the majority could have done so at the time of graduation. I feel sure that each one of you will agree with me in the statement that he himself was better qualified to treat suffering humanity after a few years of practice, than he was at the time of his graduation from his medical college.

Of the fifty-three states, territories, and the District of Columbia, thirteen require examinations only, five require examination or diploma, thirty-four require examination and diploma, and in one state graduates are exempt from examination. Nine states have a good definition of the practice of medicine, something like the following, viz:—*The practice of medicine shall be held to include the use of*

*Read before the Second District Society, March 1, 1904.

drugs and medicines, water, electricity, hypnotism, or any means or method, or any agent, tangible or intangible for the treatment of any disease, deformity or injury of the human subject. Five states have a fair definition, and the rest none at all. In any state having a good definition of the practice of medicine, every person practicing Christian Science (so-called because it has neither Christianity nor science in it), faith cure, magnetic healing, osteopathy or any other vagary, must either pass the same examination as that required of physicians or be prohibited from practicing his nefarious business.

In regard to reciprocity, different sections of the Connecticut law conflict with each other. Delaware has no reciprocity except with New Jersey and Maryland. The law of the District of Columbia provides for reciprocity, but there are no arrangements made for putting it in effect. In Maine reciprocity is very difficult. Each of the states and territories has a good law in this respect, viz:—Maryland, Michigan, New Mexico, Ohio, Oregon, Texas, Vermont and Virginia. New Jersey has a reciprocity law, but it is prolix and burdensome. Pennsylvania and Washington each has a good law in this respect, but it is inoperative in both. In Porto Rico and Wisconsin it is optional with the board. In a number of states having reciprocity, the cost of a licence to a physician holding a licence from another state is \$50 while to one taking the examination the expense is from \$15 to \$25. Arkansas has a good law with regard to patent medicines and Iowa in regard to itinerants. The law of South Carolina is good, with the following exceptions, viz:—There is no reciprocity, and graduates from her own colleges are exempt from all conditions.

While very much more can be said on the subject, I think that I have shown a bad state of affairs, and it seems to me that the remedy lies in a national law with good definition and a thorough examination, by a competent board, no member of which shall be a member of the faculty of any medical college, and a certificate that shall entitle its possessor to practice his profession in any part of the United States of America or its dependencies.

[The chief difficulty with the majority of the laws is that the definition of the practice of medicine is bad. If we could once get a definition through as broad as that quoted in the article, the other weaknesses in our laws noted by Dr. Jewell would soon be remedied of themselves. But without a good definition the whole thing is valueless. We hope that the Kansas statute will soon be improved in this particular.—EDITOR.]

Sanatoria—With the advent to our columns of Dr. Punton's and Dr. Lindsay's advertisements we have a representation of all the sanatoria of Kansas which give special attention to nervous diseases, We trust that our readers when writing to these advertisers will mention the fact that they saw it in our JOURNAL.

SOME UNUSUAL SYPHILITIC ERUPTIONS.*

WM. FRICK, A. M., M. D.,

Professor of Dermatology, Kansas City Medical College,
Kansas City, Mo.

The usual varieties of skin manifestations of syphilis are readily recognized by all of you, but one may occasionally meet with a case which will cause him to hesitate and study long before feeling sure of the specific or non-specific nature of the disease.

The primary sore may be readily recognized when single, indurated about the base and with a history of exposure a sufficient length of time before its development,—in other words, when it is a typical primary sore. But I have seen a few cases in which the lesion or lesions developed in three or four days after exposure. These were cases of mixed infection and the sores first developed were chancroidal in their nature; but in ten days or two weeks from the beginning, while most of the sores were healing, one of them became hard or indurated and took the character of a primary sore, which was followed in due time by a secondary eruption.

This observation has been made by a considerable number of observers who are keen and accurate in their observations. There can be no doubt that these two separate and distinct diseases do occur as a matter of fact, developing together at the same point of entrance. The difference in time of development is simply the difference in the nature of the two diseases. Again I have seen, a few times, a sore apparently chancroidal, begin two or three weeks after exposure, show little induration about its base, but run an indolent course refusing to heal after cauterization as the usual chancroid does and finally followed by a secondary eruption, thus declaring its nature positively for the first time. When one of these sores finally heals and the secondary eruption is delayed in making its appearance it is extremely easy to make the mistake of pronouncing the sore a local one and thus creating a feeling of security in a patient which is later disturbed by the appearance of a secondary eruption. It is just these conditions which make it safer to warn our patients not to feel entirely secure for six months after the appearance of a doubtful sore.

*Read at the annual meeting of the Second District Medical Society in Pittsburg, Kansas, March 1, 1904.

The delayed secondary eruptions are unusual but I have had the misfortune to have two of these within the last year: The primary sores were of a suspicious character but not typical and I did not feel like pronouncing the cases positively syphilitic, but treated the local condition and kept them under observation. The sores, which were single, healed after a long course of local antiseptic treatment. The patients remained apparently well until about the end of the sixth month after the first appearance of the sore: Both then had typical secondary eruptions which could not be easily mistaken. Also mucous patches followed the skin eruptions in both cases; in fact the course, after the beginning of the eruption, seems to be the ordinary case of syphilis. I can account for one of these cases being delayed. He had buboes in each groin during the course of the first sore for which he had used some mercurial inunction, but for a limited period. This was evidently enough to delay the appearance of the eruption. In the other case I could not determine the cause of the delay to my satisfaction.

It is quite common to see the development of the large, flat, warty growths, known as the condylomata lata, about the genitals and rectum and extending also down between the thighs. Dr. Marks of this city tells me he had a patient with one of these developed on his forehead, which certainly is a very rare case. This variety develops about the same period as the mucous patch. The acuminate wart, in my experience, has been rarely a manifestation of syphilis. I recall but two of these cases coming in my practice. One of these occurred about the sixth month of the disease and appeared as one large bunch of a very sharply acuminate variety. The points presented were very numerous, the growth was about three fourths of an inch in diameter at the base and was situated in the corona. It extended half an inch or more above the corona and was of a dusky red color. The foreskin could not cover the glans in consequence of it and altogether it presented a striking appearance to say the least. As soon as this patient began to get the effects of mercurial treatment this growth began to disappear and disappeared entirely under specific treatment. The other case developed a number of small pigmented acuminate warts about the third or fourth month. They were scattered over the glands and prepuce and were certainly queer looking warts: These also disappeared under mercurial treatment.

It is, however, in the tertiary age of this disease that we meet with the greatest variations and most frequently fail in diagnosis.

It may be mistaken for cancer and the accompanying illustra-

tion (No. 1) is one that was excised for such. He gives a history of syphilis extending back many years. He has had this ulcer for several years. At one time it was completely excised, but continued to extend except when controlled by the iodides. When the picture was taken it measured about six inches in its long diameter, a little less in its short diameter, was irregularly oval in shape and extended down to the periosteum, but there seemed to be no involvement of the bones. It had completely destroyed the scalp over



FIG. 1.

the greater part of the back of the head. He improved under treatment with the iodides but did not remain under observation long enough to see what could be accomplished. We had in mind skin grafting to cover the back of the head, but he disappeared before ready for it.

A very unusual case came to see me at my clinic in the Kansas City Medical College several years ago. It was an unusual type of the tubercular or nodular syphilide. The nodules developed all over

the face and on the back (see figures 2 and 3). The lips had been involved and the scar tissue left after sloughing of the nodules had contracted the mouth greatly causing a smaller oral opening and the stiffness of the scar tissue made it difficult for her to use the lips. The nose was also involved, both alae and septum. The alae appeared as if trimmed off and the septum was partially destroyed. The nasal bones seemed to escape and hence we did not have the saddleback nose so often seen in syphilis. The evolution of these nodules was about as follows: The nodule made its appearance as a nodule and grew in elevation and width, fairly rapidly reaching



FIG. 2.



FIG. 3.

its maximum size in two or three weeks, in some instances at least, possibly slower in other instances. Their size varied from that of a large pea to a pigeon egg. They stood out prominently above the skin, some of them half an inch or more. After remaining stationary for a time the nodule sloughed *en masse*. It seemed to loosen about the base and all sloughed off together leaving an open ulcer which quickly healed but left a hard scar tissue in its place. New nodules were constantly forming, so that between the existing nod-

ules and the scars left from the old ones her face was in a frightful condition. This condition of affairs had been going on for five years at least. No history of syphilis was obtainable. Something about the nodules and their manner of sloughing suggested the tubercular form of leprosy. My knowledge of leprosy at that time was limited to reading and the pictures shown in the literature of the subject. Later I had the good fortune to visit the leper colony, near New Orleans, in company with a number of dermatologists and must conclude, after examining closely the cases there, that this condition was after all not like tubercular leprosy.

A piece of a nodule was excised and search made for the leprae bacillus. Microscopic examination showed none but instead the round celled infiltration commonly seen in syphilis.

Treatment with iodide of potash was instituted and a rapid disappearance of the nodules took place. Besides the disappearance of the nodules we also observed a decided softening of the hard scar tissue. The lips became soft and pliable again and the mouth in consequence became larger and more movable. Within two months this patient recovered, leaving only a soft scar tissue, a defective nasal septum and trimmed alae. This was certainly a beautiful exhibition of the power of the iodides over the later stages of syphilis.

300 and 301 Rialto building.

THE NUTRITION OF THE SKIN.

R. E. M'VEY, M. D.,

Topeka, Kansas.

The nutrition of the skin may be said to be that of nutrition in general. That is to say, the processes are the same in the various organs of the body, but some organs play a more important part in the general metabolism of food products than others.

The lungs in man may be considered as internal projections of the skin. Both skin and lungs have the same functions in a general way,—that of respiration. Through evolution of long periods of time it is now true that man breathes more through his lungs than through his skin. Both skin and lungs absorb oxygen and eliminate carbon dioxide. Both vegetable and animal organic life at

first lived and breathed through the skin, but through processes of evolution and specialization of organs and tissues, the skin gave up the function of respiration mainly to the lungs.

In man we include in the skin the alimentary tract; that is, mucous membrane is but a continuation of the skin.

For the purpose of nutrition we have skin, lungs, an alimentary tract, a nervous system and blood and lymph vessels as carriers of food products to and from the cells of the organism.

The blood vessels of the skin are abundant in both the subcutaneous tissue and corium and as the blood passes through the capillaries it is continually losing a portion of its fluid contents through transudation, carrying with it the watery portions of the blood, which is called lymph, with various salts, gases and organic matter in the solution. The lymph vessels of the skin are also large and abundant. In the upper strata of the corium they form a dense network of small vessels. In the epidermis juice spaces exist; the excretory ducts of the coil glands, the sebaceous glands, the prickly layer of the hair follicles and the hair bed have the same inter-epithelial juice spaces as the epidermis. The pili muscle are imbedded in lymph lakes. In the coil glands the lymph supplies the material for the production of the glandular secretions.

One way of estimating the nutrition of an organ is the amount of work it accomplishes, and the amount of its excretions. The skin having a large blood supply performs many functions. The exact amount of blood in the skin is certainly not known. The skeletal muscles use about one fourth and the liver one fourth of the blood. In excretion the skin is supplementary to that of the kidneys and lungs. The skin excretes twice as much watery fluid as the lungs, which represents the carbohydrate elements of the food, while the waste from the proteid elements is eliminated by the route of the kidneys. The sweat glands constantly give off insensible perspiration. They pour out daily about two pints of the watery fluid containing some two per cent of solids, chiefly chloride of sodium, some fat, some cholesterolin, some urea, carbonates, phosphates and organic acids, which indicate the nutritive functions taking place in the skin.

The nutrition of the skin depends largely upon the integrity and energy of the vasomotor nervous system which governs the blood supply of the skin. Through trophic influences an abnormal condition of the nutrition of the skin may take place, it may be thick, rough, red, liable to chronic inflammation and bullae. If there is diminished energy in the trophic centers the skin is marked by a

thinness of the epidermis, imperfect cornification and non-resistance to ordinary wear, and the dermal envelop grows slowly, loses its pliability and has a whitish appearance.

The skin may be regarded as a peripheral center of external stimulations, as it is endowed with both sensory and motor nerves. Its sensory plates are affected by the slightest variations of atmospheric conditions. The slightest zephyr produces molecular change in its sensitive muscular structures. Cold, contracting its minute blood vessels, and heat, dilating them; so that these blood vessels are in constant action and giving tone to its circulation. The skin cannot be called strictly a local nutritious center, but there is no doubt that it carries on largely its own nutritive functions, as it absorbs oxygen which is necessary to the chemical change in a nutritive molecules of food passing into the blood vessels of the papillae. There is a constant interchange of gases in its capillaries,

Kromayer finds that the papilla possesses its own enclosed lymphatic system. Unna has shown that the lymph of the epidermis is absorbed by the veins of the papillae of the skin or at least a part of it. If there is tension in the veins of the papillae, oedema of the epidermis is the result. It is also shown that the reason why skin diseases are so superficially located in the skin is owing to the enclosed lymph circle from which the epidermis draws its nutritive supply.

All foods, the cells of the tissues and the blood, are differentiated protoplasm, and nutrition means the conversion of one form of protoplasm into another form of protoplasm. Protoplasm is the first form of living matter known. It is found in the sea and on the land. In the sea it produces all forms of organic life; on the land all forms of life are enveloped from the amoeba to man. In the vegetable it is a slimy semi-fluid cellular substance. In man it is the same semi-fluid cellular substance as found everywhere in nature. The law of nutrition is the same in the plant and the animal. The plant cell liberates force as does animal cell, and like it produces carbonic acid. The cells of the columnar epithelium rest directly upon the papillae of the corium. They derive their nutritive supply from the blood in the papillae. These columnar cells represent a typical cell in its functions of absorption. A typical cell is surrounded by a homogeneous membrane which contains a large amount of lymph closely associated with the nutritive molecule. This cell membrane has a porous partition whose pores are filled with lymph, and which separates the cell contents from the surrounding media. The cell contents may be gaseous or fluid. The passage of the nutritive molecule from the exterior of the cell to the interior must take place through this porous partition where the

nutritive element is transformed by the lymph so as to be similar to the contents of the cell. The different cells making up the corium and epidermis have a selective affinity and select from the food elements their pabulum for maintenance, repair and proliferation.

The skin absorbs oxygen, and oxygen enters the hemoglobin in the capillaries of the papillae which gives the skin its beautiful appearance. The appearance of the skin may be varied through trophic influences. No other structure of the body so readily shows variations in nutrition as the skin.

When the skin is healthy and nutrition is good there is usually a fair growth of the hair. The hair is oily and contains the necessary amount of pigment. When nutrition is poor the hair is thin, scant, and the skin is pale because of the insufficient amount of blood supply. From its origin it is evident that the lymph must have a composition closely similar to that of the liquor sanguinis since its nutritive supply is entirely from the lymph spaces and vessels.

The skin plays a very important part in the development of the human mind. It is through its afferent nerve plates that we have the sense of feeling, which feelings are reported to the higher ganglia of the brain where they are transformed into percepts, and percepts into concepts, and concepts into ideas, and ideas into actions, and through nervous evolution and mental development we have learned how to protect our skin from the sudden changes of the weather, extremes of cold and heat and wet and drought, by the use of fig leaves, and have also learned the ratio of food elements for the highest degree of nervous and muscular energy. Through mental evolution we have learned how to make the human skin one of nature's best pieces of architecture. If there is any such thing as human perfection it is to be found in the human skin. Art all along the centuries has been trying to imitate it in its shadings and tints of color, but never has succeeded. As to how each one shall take care of his own skin must be left to that mental guiding power within each individual.

The sebaceous glands and coil glands are constantly secreting oily substances, keeping the skin oiled and moist as a protecting agent against the absorption of too much water from without, or the transudation of fluid from within. This fatty element is liable, when excessive, to decomposition, resulting in more or less odor. Therefore, sometimes it is necessary to remove this effete material, by bathing with soft water and toilet soap. The clothes worn during the day should be exchanged and aired. During the greater part of the year the clothing should be of a light woolen fabric. Too

heavy clothing is likely to produce dilatation and relaxation of the blood vessels of the skin.

As the skin principally eliminates carbon dioxide, the food should consist of one part of proteids to five parts of carbohydrates, thus furnishing muscular and nervous tone, and the required amount of energy for its various functions.

The State Society meets in Wichita May 3, 4 and 5.

Volumes One and Two—We are offered full price for volumes one and two of *THE JOURNAL*.

A. M. A.—The following Kansans have joined the American Medical Association: C. P. Bartley, Spearville; C. S. Ferguson, Atchison; W. B. Newton, Glasco; W. R. Priest, Concordia; J. R. Scott, Garnett.

Subscription Price of Journal—Those who pay two dollars for the *JOURNAL* will have that amount (or such as is proportional to the fraction of the year remaining) credited to them when they join the State Society. We do this to protect those who wish to have the paper now, but cannot affiliate with a society for some time. We sent this issue to some who have not complied with our request of of last month, but who, as we believe, would do so on the second (and last) call. Please note the increased size of the *JOURNAL* and remembering that it is only the price of a house call, send us the check.

Military Medicine—Organized medicine has a work to do in reforming the medical service of our army. When we remember that in the Spanish-American war 286 died from bullets and wounds and 3,862 died from preventable diseases, we are appalled at the unnecessary loss of life, and we wonder if congress is made up entirely of politicians without even a salting of statesmen. What can be done if preventive medicine is given due prominence has been demonstrated by Japan; and if our readers have not read Dr. Seaman's account of the conditions existing in the Japanese army, they should at once get at least the article in *The Outlook* for Jan. 21, 1905. We should take up the matter in our county societies and send strong resolutions to our congressmen.

Effective Quarantine—We wish that every physician in the state could read an account of the Laredo, (Texas,) campaign against yellow fever last year as contained in the annual report of the Public Health and Marine Hospital Service just issued. It demonstrates (1) that the mosquito is the carrier of yellow fever and also (2) that to combat the spread of the disease martial law is needed, or at least that the state board of health should have real power. This latter point is important in Kansas just now when our own state board is asking for increased power for the removal of nuisances. The State Board of Health should be the organ (or committee) of the organized profession of the state and therefore have our support.

Medical Boards—Governor Hoch requested in his message the consolidation of the state Board of Health and the Board of Medical Registration. We favor this, provided that the members of the resultant board be representative of the *best* medical material rather than of the poorest (or political); and provided that the resultant board have power to really do something. It should not be medical sectarianism and other obsolete notions, but modern, scientific, broad-minded, and preventive medicine that should energise the board of health of a state like Kansas. Scrutinize the membership of the boards; are they the best men of the state? If not, then it is our business to see that only the best representatives in our profession find places thereon. We are the profession organized without regard to therapeutic creed for just such work as this. WILL OUR COUNTY SOCIETIES TAKE SOME ACTION, AND THAT AT ONCE?

Medical School—We hope that our readers will endorse the movement to unify the medical instruction of Kansas so heartily that each one will work for the passage of the measures mentioned below:

"Dr. Glascock has introduced a bill which will permit the board of regents of the University of Kansas to conduct clinical work in connection with the various state hospitals affording clinical advantages, and at such other places outside of Lawrence as may in the judgment of the regents be deemed advisable.

"The regents are also authorized to accept from Dr. Simeon B. Bell of Kansas City, Kansas, for the purpose of erecting a hospital and clinical school the gift of the tract of land known as Bell's third sub-division."—*Lawrence Journal* for Jan. 17.

Owing to a peculiar conjunction of events it seems possible for the University of Kansas to establish the best medical school in this part of the world. IF KANSAS DOES NOT DO IT, MISSOURI WILL. Let each county society **at once** give Chancellor Strong a vote of confidence and send it to its legislative representative. It is worth our while, shall we not seize the opportunity?

International Therapeutics is the title of a new journal just issued in New York, of which we have had the honor to receive the first issue. In spite of the statement in the salutatory, it is nothing else than an advertising sheet to boom Fougere's and the "Anglo-American Pharmaceutical Company's" products. We trust that postoffice department will refuse its entrance to the mails as second class matter.

The State Board of Health of Illinois is doing a valuable work in publishing and distributing a pamphlet on the cause and prevention of consumption. The education of the public should be undertaken by our profession either through the state boards of health or directly, through the local societies. Each president of a county society in Kansas should ask himself, "What is our society doing to educate the public of this county?"

The Annals for Surgery celebrated the completion of its fortieth volume by getting out a monster number for December, 1904. This Journal stands without rival in the English language as the best exponent of high grade (specialistic, if you please) surgery. The December number contained about 400 pages of article from Orth (Berlin), White (Philadelphia), Cheyne (London), Warren (Boston), Foxworthy (Indianapolis), Brewer (New York), Nicoll (Glasgow), Alessandri (Rome), Dyball (Exeter, Eng.), Mayo (Rochester), Warbasse (New York), Scudder (Boston), Sheppard (Montreal), Germain (Boston), Fowler (Washington), Odiorne and Simmons (Boston), Watson (Boston). The simple enumeration of these names is sufficient to establish the high character of the number. We know that we would regard its presence on our table a great resource.

Christ's Hospital Cottage for Nervous Diseases—Christ's Hospital has announced the completion of a detached building especially arranged for the care of nervous patients. The plan contemplated is to provide a resting place far enough removed to avoid the disturbance of the general hospital, and at the same time afford opportunity for hospital care when it is required. The cottage will be under the management of Dr. W. S. Lindsay, who has devoted the past twenty-five years to the study of mental and nervous diseases in the State Hospital and in private practice. The most modern apparatus will be used to give light, heat, and electric treatment, as well as hydrotherapy and mechanical and manual massage. Dr. Lindsay's office is at 829 Kansas Avenue, Topeka.

REPORT OF A CASE OF TETANUS WITH COMPLICATIONS.*

CHAS. B. BUCK, M. D.,
Abilene, Kansas.

This case is reported, not for the reason that the subject is in any sense new (the disease is rarely seen in our section), but for the unique and (to writer's knowledge) hitherto unreported complications. Mrs. X, age 42, mother of seven children, all living; previous history good except for sharp uterine hemorrhage June 21, 1904, and for which was summoned June 22, 1904; packed to control, packing removed 14 hours later, hot antiseptic douche, no recurrence.

Was called to see same woman morning of July 6, 1904, because she had "caught cold;" had "settled in her neck" and she had been unable to swallow her breakfast. Examination showed typical case of tetanus, temp. 100.4°; pulse 107; marked trismus; tonic spasms on any sudden noise or movement. No history of wound or abrasion.

No serum (antitetanic) being available, ordered chloral hydrate and potass. bromide aa grs. x, to be repeated every four hours. At 3:35 p. m. injected 20 cc Mulford's antitetanic serum and again at 7:30 p. m.

July 8th and 9th, no serum to be had, spasms occurred oftener, lasted longer, slight opisthotonos growing more marked, rigidity appearing in lower limbs, pulse rate and temperature increasing.

July 9. Gave 10 cc P. D. & Co. serum obtained from Clay Center.

July 10. Gave 40 cc P. D. & Co. serum.

July 11. 40 cc. P. D. & Co.—Nurse recorded patient as being much more quiet during day, spasms less frequent, limbs less rigid; after 12 mid-night rested very well.

July 12. 40 cc P. D. & Co.'s serum.

July 13. 20 cc. P. D. & Co., (could get no more), pulse and temperature higher, more restless, no sleep, spasms oftener, waited till morning of July 14 for serum then gave 2 grammes (dissicated) Pasteur veterinary antitetanic.

July 15. One gramme Pasteur and 20 cc. P. D. & Co.

July 16th and 17th. Gave 80 cc. each day, P. D. & Co., pulse and temperature rising.

July 19th. Pulse 130, temperature 104° at 8 a. m., at 11 a. m.

*Read before Golden Belt Medical Society, Hope, Kansas, January 5, 1905.

pulse 148, temperature 105.2°. Swabbed out uterus with carbolic acid, followed by alcohol and drained.

July 20th. Chill about 5 a. m., temperature 104.2°, pulse 144. Stopped all medicine and gave 10 grains quinine bisulf. hypodermatically.

July 21st. Chill 8 a. m., temperature 104°, pulse 142.

July 22nd. Chill 7 a. m., lasted about 5 minutes, temperature 103.2°, pulse 120.

July 23rd. No more chills, temperature 100°, pulse 108.

July 25th. 19th day; jaws relaxed, false teeth removed.

Aug. 15th. Patient discharged, well.

The diagnosis of tetanus was confirmed in this case by Drs. Conklin and Gish. Uterus was examined July 19th, because officious neighbors insisted to husband that hemorrhage of June 22nd was an abortion, and had been improperly treated, my consultant agreed that there had been no pregnancy; having been unable to trace source of infection, we swabbed out uterus with carbolic acid and neutralized with alcohol. On that date I suggested the possibility of a malarial complication and made an examination of blood—found numerous crescentic bodies and at once began hypodermatic use of quinine, to which the response was prompt.

August 3rd. Removed a piece of bone, triangular in shape, about size of little finger nail, from roof of mouth, just posterior to incisors;—was a portion of palatal process of sup. maxillary and corresponded to an elevation on superior surface of plate of upper false teeth, bone showed necrosis and was due to pressure of locked jaws.

Resume—Diagnosis, tetanus, complicated by malaria; source of infection, undetermined.

Therapy—Serum used 310 cc. P. D. & Co.; 40 cc. Mulford and three tubes, one gramme each, of Pasteur veterinary (dessicated) antitetanic serum. The only ill effect of serum was the rash. All injections were made under aseptic precautions, no infection occurred. Quin. bi-sulph. hypodermatically deposited in tissues, several sloughs occurred. Chloral and pot. bromide did good service in quieting nervous system, should hate to rely on them alone.

The absence of two lower teeth allowed feeding and mouth temperature.

As you, Gentlemen, may surmise, veterinary serum was used with many doubts and only in the seeming hopelessness of the case. From careful watching its action would never again hesitate to use it, and *freely*, should occasion demand. Will say in conclusion that I have been unable to find any literature on its action or use in human family.

IMMUNITY.

GEORGE HOWARD HOXIE, A. M., M. D.,
Associate Professor of Anatomy in the University of Kansas,
Lawrence, Kansas.

(Continued from January number.)

At first because in animals dead from anthrax, the blood capillaries were found choked with the bacteria it was thought that the cause of disease and death was the mechanical stoppage of the circulation. But in other diseases no such choking was found and it was necessary to find another theory. This was that the bacteria used up the nourishment in the blood designed for the body cells and thus left them to waste away—as some people now believe that cancer acts. This theory must however fall before the observed fact noted above that the serum and tissues of an animal dead with such disease are nevertheless good culture media for the bacteria. So when Brieger found poisonous alkaloids in decomposing meat and Sydney Martin found poisonous albumoses in diphtheria cultures, the theory of toxic action was readily accepted. In other words it has been found that bacteria secrete poisons, which, acting upon the fluids of the body, so change them that the body cells not only receive no nourishment from them but in some cases are actually destroyed. But as to the nature of these toxins, the most that we can say at present is that they are of the nature of ferments—and this does not mean much.

If now we turn for a moment to a consideration of immunity proper, we find that there are two kinds of immunity—an artificial and a natural. This natural immunity varies among races and individuals. Thus dogs are immune to tuberculosis, while guinea pigs are very susceptible to it. Rats and mice are not susceptible to diphtheria. But this natural immunity is not absolute, but may be overcome by altering the environment. So also among the races of men, Europeans suffer slightly from measles, while the natives of the Pacific Islands found it a fatal disease. Negroes are very resistant to yellow fever, but are susceptible to smallpox. How subject such immunity is to change in conditions is shown by the following incident: Two medical students who had worked in the scarlet fever ward without contagion for two months, visited the ward one day when very tired and hungry, with the result that both took the disease and one died. Thus does natural immunity vary in individuals and according to the state of health.

For a long time the white corpuscles of the blood have been looked upon as the forces which resist infection—since it was observed that they rushed to the point of disturbance and surrounded and enclosed the foreign particles. But it is to be doubted if their role is much more than that of scavengers, and we are led to believe that the main resistance rests not in them, but in the fluids of the body, and present day study is being directed toward the changes in the composition of these fluids. Probably the fundamental observation along this line was made by Bordet in 1891, when he found that if the blood of one species of animal were injected into an individual of another species, the serum of the latter developed the property of dissolving the blood corpuscles of animals of the former species. That is, there had been developed within the body of the second species substances which were poisonous to the first species—and so poisonous that organized tissues (corpuscles) of the class used to bring about the reaction were destroyed. This then is the property utilized by the body in overcoming disease—our bodies develop substances which dissolve the bacteria causing the disease or neutralize their poisons. The substances thus developed are called anti-toxic if their action is to neutralize the poison of the bacteria and anti-bacterial or anti-microbic if they dissolve the bacteria themselves. What these substances are and how they act is the chief problem of modern research.

The practical application of the knowledge thus far gained is two fold; first, to secure the serum of animals immunized to diphtheria, tetanus, cholera and the plague. This serum will, of course, neutralize the toxins of the respective diseases. The serum must be introduced into the blood directly or at least through the lymphatics. The products are useless when given by the mouth. The other practical application is to use the toxins of the disease germs themselves and introduce them in dilutions, weak enough to cause no ill effects and thus develop within the human body the anti-toxin desired. Vaccination is an instance of this sort of treatment. The first method confers an immunity the onset of which is almost immediate, but which is not permanent. The second is slow in developing, but affords an immunity lasting for years. An attempt to utilize the second method was the celebrated tuberculin of Koch—a preparation which has every theoretical reason for success, but which nevertheless fails in practice.

Now the interesting study of the real character and action of these anti-toxins has not yet brought about final results. We know that an anti-toxic serum consists of two parts, one of which is

destroyed by heating to 55° C and which is a constituent of normal blood serum. The other part is resistant to heat up to about 70° C and is developed by the process of immunization.

The best explanation of the theory of immunity has been that of Ehrlich. This is his "side chain theory" and is at best only a figurative description of the process. According to this the blood corpuscle and the toxin could float together in the blood without coming into relation if there were not present on the corpuscle a substance, or morphologically speaking, a hook into which the toxine could fasten. Now it is by means of these hooks that the corpuscle obtains its food—comes into relation with the world in general. Hence if a great deal of toxin be present all the hooks on any individual corpuscle are seized upon and the corpuscle, deprived of nourishment, dies, but if only a small amount of toxin be present only a few hooks would be seized upon. Then the corpuscle deriving strength through its remaining hooks could cast off these dead hooks and build new ones. But as in all nature, the reconstructive process usually exceeds the need and more hooks are formed than can be used. These then are cast off and float about the blood ready to be seized upon by any toxin present. But in being so seized upon they thereby exhaust in just that degree the toxin and save the corpuscles or cells. If there were an abundance of loose hooks, or side chains as Ehrlich called them, the cells would remain practically untouched by any infection. Such an over-production of side chains would be produced by the irritation set up by frequently repeated injections of small amounts of toxin. An immune serum is therefore simply a solution of these loose hooks ready to seize upon and saturate an invading toxin and thus save the body cells.

Wassermann has demonstrated that the union between the hooks and the toxin is a firm chemical union through requiring an hour or two for its consummation.

Vaughan at the last meeting of the A. M. A. read a paper showing that in his laboratory where he grows bacteria in such great cultures as to have them literally by the pound he has been able to isolate definite chemical compounds from the bacteria and their toxins. Now he finds that these, as all chemical substances, have peculiar affinities and he believes that the bacillus is a definite chemical molecule containing various chemical elements which enters into firm union with and draw from their former relations in the body cell certain essential elements of the body cell, as caustic soda extracts water from the tissues.

(Continued in March number.)

CAN MEN AND WOMEN DOCTORS BE A HELP TO EACH OTHER?*

MARY LOBDELL, M. D.,

Beloit, Kansas,

In answering the question included in the title of this paper, there is little to be said that would not apply equally well if the words men and women had been omitted. The question of our helpfulness to each other is of minor importance compared with the possibility of our being able to augment our common helpfulness to suffering humanity. ♥

The woman doctor has come, and she has come to stay; though she has not, and I think never will come in alarmingly large numbers. In medicine and surgery there will always be a large demand for men, and doubtless the supply will more than equal the demand. There will always be a chance for the law of the survival of the fittest to have sway. I believe it is desirable that there should be at least one thoroughly well prepared woman doctor in each county. A county that will keep ten or fifteen men physicians busy, will support one woman without in the least damaging the others. With a proper understanding between them she may be made useful to them and they to her.

It might surprise them if they knew how often her patient is their patient, and the work she does for these patients the family physician would not be permitted to do till in many cases the time that it could be most effective is long past.

The woman doctor will often find herself medical adviser to half the family and some doctor attending the other half of the same family.

This is a situation where both doctors must use tact and discretion. Both should be fair, honorable and generous. Neither can afford to pass criticisms on the other. Each may be asked for opinions on the other's methods, but they never need pass judgement on each other. If we cannot commend another we can keep still, or truthfully answer that without having examined the case we are not in position to say what should have been done. We do well to remember that what the doctor really says and does is often greatly misunderstood.

No one who has not experienced it can understand the awful

*Read before the State Society at Topeka, May 1904.

sense of loneliness and responsibility a woman feels when she goes into a field of labor where one of her kind has never been before. She does not know how she will be received by the other doctors, or did not when I came to Kansas. I can now say to a young woman, have no fear on that score. If you are competent, and yourself never neglect to obey the ethics of the profession you will receive just and courteous treatment from competent and ethical doctors. When you call a brother doctor in council, he will not try to awe you or your patient, by an obtrusive display of his greatness or your littleness. If you are so unlucky as to meet one small enough to treat you thus, meet him with his own weapons. Use more Latin than he can think of, and next time you need council see that an honorable man gets the consultant's fee.

A woman doctor being an unknown element in the new field soon realizes that she is not judged as her brother. Her ardent supporters will insist that she instinctively must know more than a man can learn by all his study. While she knows that is all nonsense, the little she knows she had to study as hard for as any man. A woman does not instinctively understand the diagnosis and cure of diseases even of her own sex. It may be true that either sex may have opportunities to get a little information of their own sex, that is not so accessible to the other. I do not say they do, but it is possible. Her opponents insist and really think that medical science is so abstruse that only a man's brain can understand the subject. Being the only one of her kind in the place, she will not be judged as her brother is, by her individual merit. If she fails that town will decide against women doctors as a class. If a man fails he is only one failure among many successes. He is judged as an individual, not for a class.

Each woman who has proved herself good, true and competent has helped to remove this unjust prejudice. Her brothers can and do help her. They should treat her as they should treat each other. She may realize that if she has help, especially in an obstetrical case, that it will be judged that she is incompetent, while a man may call one or more to his aid and it will be judged not as his incompetence, but as the awful seriousness of the case. This must not deter her from calling for help if needed. The safety of the patient is to be if possible insured, whether her reputation suffers unjustly or not. Time will level even this wall. All things come to her who cheerfully works and waits.

If she is called in council, she should treat the attending physician as she wishes to be treated. Her experience will be different,

from mine if she is never asked to see another doctor's case unknown to him. She should always refuse.

If a brother doctor asks us to assist him in an operation on a female patient, we may respond and take a minor place with no loss of dignity, and in that place by kind, firm, gentle courtesy help ease the mind of his patient by the knowledge that while she has what she considers his superior skill (or she would not have called him) she has one of her own sex who will be strong to help if need comes. When she falls into that sleep so like death, it will possibly be with less awe and terror because of your presence. The city doctor may never need, or be helped in this way. He has the trained nurse who fills the need of a woman to a woman. Now sisters do not exclaim we are not nurses, of course not, but we are women. When we have a surgical case the other doctor will gladly help us as we have helped him.

Doubtless every doctor wishes, and rightly, to earn money in his profession, but that must not be the chief consideration. If we never get rich let us respect ourselves, and if possible each other. Ostensibly we are banded together, as far as possible to heal the sick and prevent sickness, and untimely deaths. Whatever our clients may think we know that any one of us could die, and not quite all of medical knowledge would die with us. Then let us all when opportunity offers, give each other a helping hand, and a word of cheer. A doctor's life is too short to spend any of it in petty jealousies.

DISCUSSION.

DR. GREENFIELD.—I have enjoyed Dr. Lobdell's paper very much; she has had experience, and in her paper has given us the benefit of it. I have not such an experience to draw upon. I practiced medicine for two years in a country town of three thousand inhabitants, and found the physicians there very kind and considerate. I feel that there is a place for women in the practice of medicine—or I should not have taken it up. There will not be enough, however, who will take up the work, to rob the homes of wives and mothers. There are lines of work in medicine for which women are specially adapted, and I think that they can occupy their positions and do their work without at all interfering with or usurping the place of the men practitioners. There will probably never be too many women in the profession. I do not believe that they are especially fitted to be surgeons, but there are other lines more fitted to their capabilities. I think the men need the women in the profession, and the women need the men; there is much in which they can help each other, and thus be a boon to suffering humanity in general.

DR. TAYLOR:—I fully agree with the sentiments expressed in the paper. It seems to come so near to me from the fact that I represent the opposite race in the profession, as the doctor represents the opposite sex. It has been said that the negro will never be recognized in the profession, but my opinion is that if he sees to it that he educates himself along special lines, and shows skill and ethical training, he will be treated fairly and squarely by the opposite race. This has been my experience in the profession. And so it is with the women doctors. I have a very high regard for their opinions and have consulted them on many occasions, and they have always proven themselves equal to the men in the lines they have taken up.

DR. BROOKHART:—I want to endorse heartily the doctor's paper. Especially do I feel that the woman physician has a place in the field of medicine where it becomes necessary for the young girl to be treated. I think it is morally wrong for a man to undertake this early treatment, and certainly this is a great field for the lady physician. Very many young girls suffer for the proper treatment many times, thus laying the foundation for a delicate womanhood—and the woman physician is certainly a godsend in this direction especially.

DR. MAGEE:—I saw an explanation a few days ago as to why there were so many more women than men. It said that there were more women than men so that the women would not be proud, and that if there were fewer women than men they would be so. I think that we have gotten past debating the question as to whether it is the proper thing for a woman to study medicine, for certainly the woman doctor has come, and to stay. We have women physicians in this city of whom we are justly proud. It is a question of fitness and ability. Our patients are after the man or the woman who can fill the requirements and do the work necessary to be done, and the women are proving themselves efficient. That settles it; we have nothing to say about it. There are doctors and doctors, and men and men, but the physician who is fitted for the profession of medicine, and does the straight thing need have no fear, and will be properly recognized, and gets there every time.

DR. BOLTON:—I want to add my hearty endorsement of the paper read. I am thoroughly convinced that more papers just like it would be of incalculable value to the profession in general, and possibly be the means of placing the two sexes in the medical field in a position to more thoroughly understand and appreciate each other. Reverting back to the old story of the creation, an All-wise Providence realized that it was not good for man to be alone. As it was on the day of creation, so it is today; it is not good for man to be alone, whether he be a physician or not. Although the history of the evolution of woman from a beast of burden to her present plane has been a slow process, it has demonstrated to selfish man-

kind that she is his equal in mentality if not physically. There was a time in the history of medicine when women were not permitted the privilege of studying it, but I am glad that day has passed. It was my pleasant privilege to be associated with women students for three years of my student days, and there is no question in my mind but that the association was beneficial, and that it infected every male student, and our school, I am proud to say, was devoid of the proverbial "rough" and "tough" condition which medical colleges are presumed to maintain. The woman physician has come, as has been said, and come to stay, and long may she stay. In every doctor's experience occasions arise when the assistance of lady physician is most desirable and acceptable, and I am heartily glad that conditions are such that their co-operation and help may be secured. The honorable physician and gentleman will always extend to them the excess of professional courtesy. I believe, like Robt. G. Ingersoll, that "women are entitled to all the rights of man, and one more—the right to be protected.

DR. DAILY:—I want to say a word in favor of the paper, as well as the writer, and to heartily endorse the sentiments expressed. From the fact that I reside in the same city, I can speak with knowledge of the doctor's sphere and field of usefulness in her community, as well as in the profession generally, she having been honored with the highest position within the gift of the profession there, that of president of the county society.

DR. JAMIESON:—It afforded me a great deal of pleasure to listen to Dr. Lobdell's paper. It is especially interesting to me because the points brought out are so fully in accord with what I have observed in many years of practice. I have long had reason to believe that well qualified lady physicians could by reason of adaptability do more for their own sex than any man can do. This is especially true when it comes to the treatment of that class of women who are highly nervous and timorous. Many a poor woman has withheld her ailments, and even severely suffered, because she did not want to submit to the treatment of a male physician. For instance, most obstetrical and genecological cases would be much more satisfactorily handled by competent women than men of equal ability. I hold, therefore, that the medical colleges in opening their doors for the thorough qualification of women to labor side by side with their brothers in the profession, are not only doing an act of fairness to those seeking the work of the profession, but also, to the female sufferer are furnishing a boon that cannot be too highly estimated.

DR. MINNEY:—When we began our medical college here fifteen years ago we believed in co-education in medicine. We had a little tilt with some of the boys who had an idea that this would act as a sort of restraint upon them, and some of them were for putting the women out. We made it pretty plain to them that if any one left

it would be the men who would get out. That settled it. From that time up to the present we have observed that general influence has been for good, the moral and social effect have been excellent. And if such influence has been effected among the younger men why may it not have its effect among the older ones in the profession. Many of us who show frost on the head had not these advantage in our student days—we felt that to be a little bit “tough” and “rough” was what was expected of us, but that time has passed away, and to a very great extent the improved state of affairs is due to the influence of the women.

DR. R. E. McVEY:—As Dr. Magee has said, it is talent that tells and if a woman has ability and is fitted for the performance of work in the medical profession she has the same right there as a man. I believe in the “new woman,” and of her holding to her position with anybody if she is mentally qualified. I want to take a little exception to the sentiment expressed in the paper, in defense of my side of the question; she seems to have the idea that women are not acceptable in the profession, or that they be considered out of place, or something of the sort. Now if they feel this themselves, it is their own fault. I do not feel this way toward them at all and do not think it is generally so considered. My own experience with them is that they stand equal with the men, and are as bright in their studies, if there is any difference at all in their qualifications it is in the application of their knowledge.

Dr. LOBDELL:—My paper has been so kindly received and discussed that there is little for me to say. In answer to Dr. Greenfield I must say there is no reason why, if a woman elects to be a surgeon, she may not succeed. I have assisted Dr. May Harris Thompson of Chicago in abdominal surgery, and I have also assisted Dr. Byford, and her work was as coolly and well done as his. We may not be as often called to set fractures, etc., and thus gradually we lose our skill. A surgeon is not a butcher, nor a butcher a surgeon. In reply to my townsmen and to our county society for honors conferred upon me, I can only say, “I thank you,” for their kindness has been demonstrated by sustaining me in the office of County Health Officer for several years.

SOCIETY NEWS.

Harvey County—Harvey County Medical Society met Monday evening Jan. 2. in the office of Dr. E. A. Smolt. Drs. Smolt, Smith, Miller, Axtell, Cooper, Graybill, Harvey, Royer, and Abbey of Newton, and R. C. McClymonds of Walton were present. A paper on

Diagnosis in Diseases in Children was read by Dr. McClymonds. He called special attention to the importance of early and correct diagnosis on account of the possible effect of the disease on the whole future life of the child. Dr. J. T. Axtell read a paper on "The Physician as a Business Man," It dealt with many conditions often met in a country practice. The paper held that the practice of medicine should be placed upon a more business-like basis than it has been; that life insurance is one of the safest investments for a physician, and that busy practitioners need some other work or interest as a relaxation and recreation. The meeting adjourned to accept the invitation of Dr. Smoot to a bountiful supper at Unruk's restaurant.

FRANK L. ABBEY,
Secretary.

Douglas County—There were present Drs. Chambers, Hamman, Hoxie, G. W. Jones, Smith, Harvey, Naismith, Keith and Clark, and Gergen, a guest,

Dr. E. J. Blair, formerly of Monmouth, Ill., having been certified as in good standing in the Warren County, Illinois, Society, and having paid his dues up to Jan. 1, 1906, was received as a member.

A letter from Dr. G. A. Boyd, a member of this society now in Colorado, which enclosed his check for dues to Jan. 1, 1906.

It was voted that the secretary write Dr. Boyd a letter expressing the good feeling of the society and regretting that the condition of his health had deprived the society of his presence at meetings.

A committee consisting of Drs. Hoxie, Naismith and Clark was appointed to revise the constitution and by-laws in accordance with the new requirements of the State Society.

The election of officers for the year resulted as follows:

President—Dr. G. A. Hamman of Lawrence.

Vice President—Dr. Jas. Naismith of Lawrence.

Secretary, Dr. A. W. Clark, Lawrence.

Treasurer—Dr. E. Smith of Lawrence.

Member of nominating committee and delegate to district society, Dr. H. L. Chambers of Lecompton.

Censors { for 3 years—Dr. Chambers, of Lecompton.
 { for 2 years—Dr. E. R. Keith, of Lawrence.

Under suspension of rules, Dr. J. P. Gergen of Big Springs was elected to membership.

A. W. CLARK,
Secretary.

The Montgomery County Medical Society was organized according to the recommendations of the State Society on the 13th of Sept. 1904, but was not reported as we wished to get all the regular physicians of the county interested. We now have twenty-two members and are having an interesting meeting every month.

W. C. CHANEY,
Secretary.

Medical Society of the Missouri Valley—In response to a cordial invitation from the Jackson County Medical Society, the semi-annual meeting of the Medical Society of the Missouri Valley will be held in Kansas City, Thursday, March 23, 1905. Those desirous of presenting papers should send their titles to the secretary not later than February 10th. Papers will appear upon the program in the order in which they are received.

A symposium of puerperal fever will be one of the features of the session. opened by Dr. R. T. Sloan of Kansas City. An invitation has been extended to the presidents of the State Associations within the territory embraced by the Missouri Valley and an interesting and profitable meeting is expected.

Dr. G. A. Boyd—Those who know Dr. Boyd will appreciate the following letter:

Dr. A. W. Clark,
Lawrence, Kansas

COLORADO SPRINGS, COLO , 1-9, 1904.
1230 Washington Avenue.

My Dear Doctor Clark:—Inclosed find my check for \$3, my dues to county and state for ensuing year. It is probable that I will ask for transfer to Colorado sometime this year. As it now comes to my thought I would like to remain a Kansas citizen, a member of the organized state profession, with the privilege to draw upon its resources and to try to help increase them.

For the past seven months I have been too busy with my own internal affairs to give attention to matters professional beyond reading in part my journals and gaining an education in the management of my disease. I came near killing myself twice through accident and indiscretion. At present my condition justifies a favorable prognosis. Give my sincerest regards to the Douglas County Society and to my personal acquaintances. To be with you is a lost pleasure of which I am deeply conscious.

With personal and fraternal respect,

G. A. BOYD.

P S. If you should come to Colorado Springs do come and see us. Should you know of any one of our friends coming let them known they would be welcome visitors at our home.—G. A. B.

PNEUMONIA.

When called to a case of suspected lobar pneumonia I at once ordered a foot-bath, which should be given according to Dr. Rochester's method. The foot-bath should be given in bed with the patient on his back and well protected from drafts; the water should be at a temperature of 110° or 115° F. By this, I wish to accomplish two things, namely, to equalize the circulation and to quiet the nervous system. At this time I give 5 grains of calomel, followed by a saline, to empty and disinfect the alimentary canal, and stimulate the action of the kidneys. I also give salicylate of sodium in small doses, every hour, until the diagnosis is fully established. Then the patient is put upon acetate of potassium, 10 grains every four hours, with half a glassful of water, for I believe if we can stimulate the kidneys (which are nearly always now eliminating albumin) by making the blood more alkaline, the system will be relieved of the ever-accumulating toxins, which depress the nervous system and poison the heart muscle. I have a belief, confirmed by experience, that the potassium salts have some specific action in the treatment of pneumonia, and that they should be administered in some form to every case. Associated with the acetate of potassium, there is given one dessert-spoonful of liquor ammoniæ acetatis, with fluid extract of licorice, diluted with water, every two hours.

It is expected with this to relieve continually the burdened right heart, by bleeding the patient into his capillary vessels and eliminating the toxins by diaphoresis. With this also, pyrexia and cough are controlled to a great extent. If the temperature rises to 105° I usually order cold sponging or the cold pack to the chest, changing every two hours. I look for this to soothe the nervous system, even if the temperature is not materially lowered. Patients are usually grateful for this.

The method of applying the pack is the following: Fold a cotton cloth of desired width (smoothly) to four times, wring out of ice water, then place it in a flannel cloth which encircles the chest, and fasten. If the patient is excitable, use a flannel cloth instead of a cotton one. If the temperature does not reach 105°, turpentine and lard is applied. I have used some of the putty mixtures which give a degree of comfort.

The diet is of very great importance. The patient should not be fed too often, nor too much, and the food should consist of the most digestible substances, such as milk, beef-tea, broths, beaten egg, etc. If the patient rebels against food, or is nauseated, withhold food for a time, and if necessary use nutrient enemata.

Abdominal distention must be overcome, for it interferes with the action of the diaphragm, impeding respiration. The distention is relieved by the use of the rectal tube, or a daily enema, and turpentine stupes to the abdomen.

The pulse should be closely studied, for it is the keynote to impending troubles. A slow pulse is not always a safe pulse, neither is a rapid pulse always one that denotes danger. It is the quality of the pulse that points either to safety or to danger, and this should be carefully watched and the indications met. A hard pulse is softened with Dover's powder and nitroglycerin, and a soft pulse is strengthened with strychnine, digitalis, ergot, and
rest

I wish to lay emphasis on the latter. How many patients have taken their departure because the family, nurse and doctor, have disturbed their rest with kindnesses, baths, and by frequently administered medicine! Plan to give the patient two-hour intervals of rest during the day, and never awaken him in the night if he will sleep. Rest and fresh air are the very best of remedies in the treatment of pneumonia.

The patient should never turn himself without assistance. He should not be allowed to sit up to nature's call. The attendant should be instructed to anticipate the wants of the patient, thereby saving him thought and effort.—DR. F. D. REESE, in *Medical Record* for Nov. 26, 1904.

The First District Society will hold its meeting in the city hall, Kansas City, Kansas, on Thursday, February 9. The following have promised papers: Drs. Clark and Smith of Lawrence; Alkire and Martin of Topeka; Chambers of Leecompton; Hughes of Kansas City; I. Harkey of Gardiner; and Hastings of Olathe.

SALINA HOSPITAL.

I wish to acquaint you with the fact that the Salina Hospital and Training School for Nurses has been incorporated and established in the city of Salina.

The institution is governed by physicians, twelve in number, all residents of Salina from whose number a board of five directors is elected. The stockholders make up the medical and surgical staff.

The physicians, up to the present time interested in this enterprise are Drs. W. H. Winterbotham, N. D. Tobey, W. S. Harvey, M. Jay Brown, J. R. Crawford, Howard N. Moses, J. H. Winterbotham, A. G. Anderson, F. G. Lagerstrom, George Seitz, E. R. Tuttle and O. R. Brittain.

The hospital will be open to all cases excepting those of contagious diseases. All physicians, who are licensed and ethical, complying with the rules of the institution have the privilege of bringing to and attending at the hospital their cases.

A training school for nurses will be operated in connection with the hospital.

Very respectfully yours,

HOWARD N. MOSES,
Secretary.

Dear Doctor:—You print on page 26 of the January JOURNAL the program of the Golden Belt meeting at Hope, January 1, 1905. There were twenty-two present, five new members.

The paper of Dr. Crumbine is worthy of publication, as it refers to the whole state. His letter on pages 30-31 refer in a short way to some parts of his paper, but there is much more vital matter in the paper that should be spread abroad. The paper of Dr. W. D. Storrs, of Topeka, is timely, instructive and will prove very helpful to many or most physicians of Kansas. It deserves a wider audience. The paper of Dr. Axtell, of Newton, although it repeats the best thoughts of recent writers on that subject, yet branches into some new fields that, if known more extensively, would result in the betterment financially of many physicians in Kansas. Get at it and print it if you can.

The paper by Dr. W. F. Bowen is short, pithy, helpful, having all the elements of classical literature.

Dr. Buck's paper was read before some of us arrived at Hope.

Now with reference to Dr. Parr's criticism (page 32):—The State Journal must give space to urge and explain organization, and for reports of progress of organization. When all the counties are organized the Journal will be free to do some other work.

Page 35:—The movement of the Golden Belt to withdraw from position as fifth district was led by Dr. Crawford who urged that we would *lose our identity*. This is somewhat true, but we would lose nothing medically, surgically, intellectually, socially and but little financially. We would gain in that, all the districts would welcome us. We would all be members of the state society and members of the A. M. A. Now those of us who are not members of county societies are outside altogether. We need not lose a member. Those members outside our district could and would retain their membership if they saw that it paid them to attend our meetings. In time we will be the fifth district and unless others wake up and bestir themselves we will be the foremost district in the state.

Fraternally,

J. T. CURTISS.

BOOK REVIEW.

THE HOUSEBOAT BOOK, the log of a cruise from Chicago to New Orleans, by William F. Waugh, boards 12 mo. pp. 211. Clinic Publishing Co., Chicago, 1904.

This has afforded the editor entertaining reading for the odd moments when his brain was too fagged for positive effort. The book gives considerable information and will be a pleasure to those who know Dr. Waugh either personally or through the pages of *The Alkaloidal Clinic*.

HOSPITALS OF KANSAS.

LOCATION.	NAME.	MANAGER.	KIND.
Caney .....	.....	T. A. Stevens	General
Clay Center.....	Clay County.....	M. C. Porter.....	"
Ellsworth .....	.....	Dr. O'Donnell	"
Great Bend.....	Sisters .....	.....	"
"	"
Hutchinson	Welch Hospital	H. G. Welch	"
Kansas City	Bethany	P. D. Hughes.....	"
"	Grandview.....	S. S. Glasscock.....	Nervous
Kingman.....	.....	Drs. Haskins & Son.....	General
Lawrence	Simmons	C. J. Simmons.....	"
"	Lawrence.....	G. W. Jones.....	"
Leavenworth.....	Evergreen	C. C. Goddard.....	Nervous
"	Cushing.....	.....	General
"	Leavenworth	S. McKee.....	"
McPherson .....	.....	J. C. Hall	"
Newton	Axtell	J. T. Axtell	"
Salina.....	Salina.....	H. N. Moses	"
Topeka	Christ's	J. C. McClintock.....	"
"	Stormount.....	L. H. Munn	"
"	A. T. & S. F.....	J. P. Kaster.....	"
Wichita.....	St. Francis.....	A. H. Fabrique.....	"
"	Wichita.....	.....	"

Dear Doctor:—I enclose my paper on "Etiology and Prevention of Typhoid Fever" read before the Golden Belt Medical Society at Hope, Kansas, on the 5th inst. As this matter bears directly on the legislation we are asking for concerning the placing of municipal water supplies and sewerage system under the direct supervision of the State Board of Health I would be glad if you would give it space in your valuable JOURNAL, and that you would urge upon the regular profession to see their representatives and senators, urging their support of the measure. It is to be hoped that this bill may not go unheeded by the profession. So often each physician leaves legislative work for the other fellow to do and the result is that it is not done. I am satisfied that if every physician whose attention is brought to the matter by this article or an editorial from your pen would get into personal contact with their representative and senator, urging the favorable consideration of the bill, there would be no doubt about its passage. Wish best wishes

I am, sincerely yours,

S. J. CRUMBINE,
Secretary State Board of Health.

STATE BOARD OF HEALTH REPORT.

January 18th, 1905.

DIPHTHERIA.

COUNTY.	CASES.	DEATHS	COUNTY.	CASES.	DEATHS
Atchison.....	5	1	McPherson.....	8	1
Barton.....	6	1	Montgomery.....	3	0
Bourbon.....	8	1	Nemaha.....	6	0
Butler.....	1	0	Pottawatomie.....	2	0
Cherokee.....	3	1	Rawlins.....	1	0
Clay.....	1	0	Republic.....	1	0
Cloud.....	17	3	Sherman.....	2	0
Crawford.....	15	6	Washington.....	3	1
Dickinson.....	1	0	Wabaunsee.....	3	0
Douglas.....	3	1	Wilson.....	3	2
Greenwood.....	4	2	Wyandotte.....	79	8
Jefferson.....	3	0	Topeka City.....	32	1
Labette.....	12	2	Wichita City.....	9	2
Leavenworth.....	37	1			
Lyon.....	7	1	Totals.....	271	35

SCARLET FEVER.

Atchison.....	2	1	Mitchell.....	4	0
Butler.....	8	0	Neosho.....	1	0
Cherokee.....	7	0	Osage.....	6	0
Cheyenne.....	11	4	Phillips.....	3	0
Clay.....	15	0	Pratt.....	1	0
Cloud.....	1	0	Rawlins.....	3	0
Coffey.....	1	0	Reno.....	1	0
Crawford.....	10	2	Republic.....	34	0
Decatur.....	3	0	Sherman.....	2	0
Dickinson.....	11	1	Trego.....	12	1
Douglas.....	9	0	Wilson.....	9	1
Geary.....	2	0	Woodson.....	4	0
Labette.....	3	0	Wyandotte.....	16	1
Lyon.....	2	0	Topeka City.....	14	1
Marshall.....	17	2	Wichita City.....	2	0
Marion.....	8	1			
McPherson.....	5	0	Totals.....	222	15

SMALLPOX.

Brown.....	40	0	Mitchell.....	4	0
Cherokee.....	1	0	Ness.....	30	0
Cloud.....	10	0	Neosho.....	8	0
Coffey.....	5	0	Osage.....	25	0
Ellis.....	29	0	Oshorne.....	1	0
Franklin.....	5	0	Phillips.....	1	0
Geary.....	15	0	Reno.....	12	0
Gove.....	1	0	Saline.....	21	0
Graham.....	4	0	Trego.....	7	0
Greenwood.....	3	0	Wilson.....	7	0
Leavenworth.....	2	0	Woodson.....	6	0
Lincoln.....	50	0	Wyandotte.....	41	0
Linn.....	15	1	Topeka City.....	3	0
McPherson.....	31	0			
Miami.....	48	0	Totals.....	426	1

TYPHOID FEVER.

Barton.....	15	0	Pratt.....	1	0
Cheyenne.....	1	0	Rawlins.....	1	0
Decatur.....	1	1	Reno.....	1	0
Dickinson.....	4	2	Sheridan.....	1	0
Douglas.....	1	0	Stafford.....	12	0
Gray.....	2	0	Thomas.....	8	2
Jefferson.....	2	0	Trego.....	20	2
Kearny.....	1	0	Wilson.....	9	0
Kinman.....	1	0	Wyandotte.....	16	15
Labette.....	6	2	Topeka City.....	3	3
Linn.....	2	0	Wichita City.....	6	2
Marshall.....	2	1	Industrial Reformatory.....	1	0
Meade.....	1	0	Hutchinson.....	1	0
Ness.....	1	0			
Pottawatomie.....	1	0	Totals.....	120	31

The State Society Meets in Wichita May 3, 4 and 5.

The Journal

OF

The Kansas Medical Society

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2. M. F. JARRETT, Ft. Scott.

4. O. J. FURST, Peabody.

6. C. E. McCARTY, Dodge City.

Volume V

March 1, 1905

Number 3

REDISTRICTING THE STATE.

During this year it has been found that six councillors are not enough to cover properly our entire state. Further it has been noted that the districts are not all homogeneous. Therefore it has been proposed to go into the question thoroughly at the Wichita meeting and let the House of Delegates make an entirely new arrangement of the territory, dividing the state into about nine councillor districts. The best suggestion yet made is that the districts follow the railroads rather than the political divisions.

As it is now Kansas City, Topeka, Leavenworth and Atchison are all in one district; whereas Topeka belongs in the Golden Belt territory which runs west from Topeka on the Union Pacific. Similarly, Kansas City should go into the southeastern tier of counties. Lawrence had best to go with Ottawa and Iola into a district along the Southern Kansas railroad. And finally Leavenworth and Atchison belong to the northern tier of counties.

We don't know whether Wichita has more than her proper "sphere of influence" in the present fourth district, but we are inclined to believe that the work of organization would be facilitated if the unit were smaller. However, we should like to receive expressions of opinion from Wichita, Wellington, Hutchinson, Newton and the surrounding territory on this point.

We hope that the delegates will get down their maps and study on this matter before they come to Wichita. At any rate they should study over the accompanying cut which portrays the original five districts of our state. Our columns are open to those who wish to discuss the matter.

Chayenne	Rawlins (12) 2 Deater	Morton	Phillips	Smith () 4	Jewell () 2	Cloud (18) 18	Saline () 1	Harvey (13) 13	Reno () 3	Kingman (12) 1	Max per	Barber
Sherman	Shenidan	Rooks	Osborne () 1	Russell	Linsgoh (12) 1	Ottawa () 1	Saline () 1	Harvey (13) 13	Reno () 3	Kingman (12) 1	Max per	Barber
Wallace	Logan	Graham	Trago	Ellis	Lincoln (12) 1	Ottawa () 1	Saline () 1	Harvey (13) 13	Reno () 3	Kingman (12) 1	Max per	Barber
Greeley	Wichita	Scott	Lave () 1	Mess (6) 4	Barton () 4	Lincoln (12) 1	Saline () 1	Harvey (13) 13	Reno () 3	Kingman (12) 1	Max per	Barber
Hampton	Finley (10) 3	Hodgeman () 1	Edwards () 1	Rush () 2	Rice (25) 1	Lincoln (12) 1	Saline () 1	Harvey (13) 13	Reno () 3	Kingman (12) 1	Max per	Barber
Stanton	Graft	Hastell () 1	Todd (15) 7	Kiowa () 1	Kingman (12) 1	Lincoln (12) 1	Saline () 1	Harvey (13) 13	Reno () 3	Kingman (12) 1	Max per	Barber
Winton	Stevens (3) 2	Swind	Clark () 1	Pomaha	Max per	Lincoln (12) 1	Saline () 1	Harvey (13) 13	Reno () 3	Kingman (12) 1	Max per	Barber

EYE MALINGERING.*

J. S. WEVER, M. D.,

Leavenworth, and Kansas City, Mo.

I propose to present as the material of this paper: (1) summary of a suit against myself for malpractice, (2) summary of a suit against a common carrier for alleged injury and (3) extracts from literature and remarks.

J. W. D. referred by Dr. S—— of Leavenworth, Kansas, lumberman, aged 39, had been a heavy drinker, two uncles and two children had cataract. Vision, right eye, fingers six feet and with plus 8.00 D. equals 6-30. Perception and projection of light in left eye with cataract. Low vision and slightly contracted field were ascribed to high refractive error in right eye together with beginning opacity of lens. Examined November 11, 1899. Operated left eye at Leavenworth hospital January 13, 1900 with iridectomy. At first dressing prolapsed iris was discovered which being small was not excised. Low grade irido-cyclitis ensued, patient leaving hospital and my care about two weeks after operation. No suppuration up to that time.

April 1, 1900. Plaintiff files suit in the Dist. Court Leav. Co. Kan., for \$11,000.00, alleging use of unsterilized instruments, etc., and contract to cure.

July 19, 1900. Plaintiff files amended petition. Nothing new.

July 19, 1900. For plaintiff, deposition of W. T. Judd, patient at hospital, consumed two days' time and was of no importance to either side.

November 24. Plaintiff files amended petition alleging defendant had not done an iridectomy, that iris had been torn, blood clots had partially destroyed the eye and that defendant had finished it with an iron probe.

March 23, 1901. For the defendant, Mrs. A., matron at hospital at Leavenworth, now at Presidio, San Francisco, Cal. Deposition: detailed account of preparation of patient, etc., said patient came to hospital with liquor on his breath, that just before operation plaintiff said, "I shall not see out of this eye as it is but if I don't after the operation I shall make it cost Dr. Wever a nice little sum." That on day of operation contrary to orders he raised up in bed repeatedly to spit, talk to his neighbors, etc. That on the day of operation he twice removed the adhesive straps which were connected with the eye dressing. (Hospital notes show that after operation he was given a hypo of morphine and atropine and that on taking a glass of milk two hours later he vomited twice.)

April 15, 1901. For the defendant Dr. Fryer of Kansas City,

*Read before the Academy of Medicine of Kansas City, Feb. 4, 1905.

Mo., testified that he had removed the left eye about the latter part of September 1900 for fear that sympathetic inflammation might ensue in the right eye but that up to that time there had been no sympathetic inflammation and no evidence of suppuration in left eye although it had shrunken. Right eye could distinguish fingers at six feet, lens was cloudy and right nerve atrophying.

June 3, 1901. Plaintiff had several weeks' notice to be ready for trial on this date as suit was now over a year old: He alleged that the depositions of three important witnesses could not be procured. Motion for continuance overruled and then plaintiff asked to have suit dismissed.

After withdrawal of suit I learned that plaintiff's left eye had failed to show even perception of light for another Leavenworth physician and concluded that the plaintiff had been looking through the fingers of his right hand when I thought I found perception and projection. Three or four years afterward his attorney told me that he had not known at that time that "he was that kind of a man," (*i. e.*, a malingerer.) The suit cost me much anxiety and \$325 in money but the plaintiff received none of it. Propositions for settlement were met from first to last with flat refusal.

Feb. 9, 1904. Dist. Ct. Leav. Co., Kan. H. R. Ten Eick files suit for \$30,000.00 against Kansas City-Leavenworth Electric Railway, alleging loss of left eye due to breaking of a defectively fastened incandescent globe and damage to right by sympathy. At defendant's request I examined plaintiff December 3, 1904 and made the following written report to the company:

"Ten Eick, H. R., age 37, collector for the Domestic Mercantile Co.

"*Family History.* No eye trouble in family, father and mother living and in good health, also brothers and sisters.

"*Personal History.* Chickenpox in childhood, began wearing glasses five or six years ago, was not wearing glasses when accident occurred January 20, 1904. Vision in each eye was good before accident. Since accident has not been able to see light in left eye. With right eye can read a line or two and then stop. Not much reading or writing in his work. At time of accident there flowed some blood and fluid, possibly tears, from the eye. About two hours afterward rubbed a piece of glass about one-eighth of an inch long from left eye with handkerchief. There was severe pain in left eye for several days and since then pain less severe, more or less constant. Pain in right eye began in less than twenty-four hours and has been more or less constant ever since, severe at times. There has been no inflammation of the lids at any time. Lost first day and a half after accident. On January 22, 1904, two days after accident, saw family physician who advised him to consult an oculist. No treatment up to this time. Two or three days later (four or five days after the accident) consulted Dr. L——, an oculist. No operation has been performed or advised.

“Examination. Vision in right eye is 18-70 without glass and 18-50 with 1.25 cyl. axis 135. Patient claims he cannot see light when thrown on left eye.

“Left eye: Not a trace of scar on lids or eyeball, pupil slightly more dilated than right and reacts evenly to light; dense cataract in posterior half of lens extending beyond the margin of the pupil. Front half of lens is clear and shows no adhesions to iris. Left eye deviates inward 15 degrees but moves freely in all directions.

“Right eye: media hazy and obstruct view but nerve head and vassels apparently normal. Mucous membrane of neither right nor left eye shows congestion or inflammation.

“Conclusions. (1) That the cataract in the left eye existed prior to the accident and the accident had no effect on the cataract. (2) That if the left eye was injured at all it was so slight as to have no permanent effect and left no mark. (3) That the patient can see light contrary to his positive statement. (4) That the left eye is not affected by a sympathetic inflammation set up by the injury to the left.”

On December 15 Dr. Sherer of Kansas City, Mo., examined this case and corroborated my findings in every particular. On the same day the case came to trial. Plaintiff's testimony contained only what he alleged in his petition. A motorman was then called but his testimony was not important. Dr. L—— for the plaintiff was then called who stated that the cataract was traumatic. That at the time of his examination there was no mark of injury. The plaintiff's attorney here attempted to change his pleading from alleging that the glass of the globe had cut and injured the eye to the porcelain and brass base of the globe. Objected to and objection sustained. Plaintiff asked to have suit dismissed.

Formerly common carriers and other large corporations were the usual victims of damage suits and obtained little sympathy from the jury or outsiders. But now individuals and municipalities are commonly defendants so that the friends of the former and taxpayers of the latter are not indifferent to the outcome. For \$10.00 per year a doctor can now be insured by a company that will either fight or settle a suit for not to exceed \$5000.00. I am not in favor of such a scheme.

European figures have been given which place the damage cases in which the eye was a factor at 25 or 35 per cent. I believe that 10 per cent. would be nearer right for this country.

Malingering in general may be classified as follows:

1. Pure simulation.
2. Exaggeration of real symptoms.
3. Substitution of origin of symptoms.

Eye malingering are of two kinds diametrically opposite. (A) Those simulating better vision than they possess and (B) those sim-

ulating worse vision than they possess. The first class would divide on a basis of motive into (a) an innocent sort who desire to secure some position or advancement (*e. g.* army, railroad service, etc.) and (b) a criminal sort who are planning a suit later on against a doctor for malpractice or against an individual or corporation for injury.

For the first class two brief comments will suffice. (a) The importance of the detection of poor vision particularly among railroad employees has been extensively dealt with in recent literature. (b) A doctor in determining whether an eye is operable or not must not allow the patient any room for deception as was done in my case. Some physicians make patients sign a paper releasing them from responsibility of bad results but as a general rule this could not be done. The law on this point is to the effect that in the absence of any agreement a doctor in assuming the treatment of any case does not contract to cure or even benefit. It might be well however where the character of the patient is not above suspicion to have some third party a witness to the statement as to the probable or possible results of the operation.

The second class of eye malingerers, feigning worse vision than really exists, on a basis of motive might be divided into those seeking:

1. Money for malpractice or other injury.
2. Money for accident insurance.
3. Admission to homes or asylums.
4. Pensions or increases.
5. Ground for begging.
6. To escape school, military or penal service.
7. Hysteria.

The sources of injury to an eye are (Arlt, modified.)

1. Sudden compression or concussion.
2. Physical agents (a) remaining in. (b) removed.
3. Chemical agents (including heat, light and electricity.)

The degree of blindness claimed may be:

1. Total in both eyes.
2. Total in one, other partial.
3. Total in one, other normal.
4. Partial in both eyes.
5. Partial in one, other normal.

In order to adhere to the title of this paper we do not propose to enter into phases of the medico-legal consideration of the eye. The question of negligence on the part of the defendant or contributory negligence on the part of the plaintiff would be questions of facts to

be decided by the jury. For the estimation of money value of damage to the eye reference may be had to the works of Magnus and more recently Wurdemann (Ophthalmology, January 1905.)

An oculist would better approach a case of suspected malingering in much the same manner as any other presenting itself for diagnosis.

History —Family and personal. The amount and reliability of information derived from ordinary sources will differ with the case. For instance with a damage suit not much aid could be expected from the family physician and relatives but with a child trying to escape school work or in a case of hysterical blindness they would be only too glad to furnish data which would help the oculist in deciding that it was not a case of permanent or severe injury. (We may say that if the history, associated symptoms, absence of lesion, etc., point to these latter cases malingering tests are in order. Mock operations or treatments are of value to frighten or suggest the patient to a return to normal.) The oculist will of course take at a proper valuation information such as may be furnished by friends, relatives, former physician or optician, neighbors, fellow-workmen, employers, bystanders and detectives in making up the history. In the patient's history of himself he should be made to adhere to the chronological sequence of all diseases, injury and treatment with re-

(Continued on page 119.)

THE PERINEUM *

J. E. HUNT, M. D.,

Atchison, Kansas.

In the presentation of this subject, I realize that it is often times discussed, but this fact alone makes me bold in bringing it before the society again; for a subject so fruitful for discussion must be an important one. And perhaps it will be of profit to us all to again rethrash an old subject, but one in which we are all more or less personally interested, to say nothing of the responsibility.

*Read before the First District Society Oct. 11, 1904.

It is the man in general practice who is perhaps more responsible than any other for the preservation of the perineum. He is the one who is called to attend a primipara and to see her safely through her first labor. He is the one who is most favorably situated to find a recent rupture and by a ligature or two, save a woman from future pain and suffering. I think you will all agree with me that his position is ideal as regards the perineum. But it is not also true that this important structure is often times neglected in the hurry of a busy practice? If you will pardon an observation of a young man, I believe it to be true that the greatest crime of the average physician is one of omission. And it is certainly true that an omission right here furnishes material not only for the gynaecologist, but for the neurologist as well.

Now, how is it possible to save the perineum during the passage of the head, or perhaps a head and shoulder? Every text book offers a different scheme besides quoting the masters. Hohl's method of applying support not to the perineum, but to the presenting parts, is well known. Olshusen's method of "rectal expression" between pains, has many warm advocates and certainly does save many perineums. But all seem to agree that the essential factor is the retention of the head in the canal until after the pain is over; in other words, deliver it when the parts are not tense as they must be during pains. I have seen men in what was an honest effort at preservation of the perineum introduce a finger or two into a rigid unrelaxed orifice, thinking that by this means relaxation would be hastened. I believe it to be a practical impossibility to deliver a primipara without some tearing of either the fourchette or the vaginal mucosa higher up. But whatever methods are used, there are bound to be more or less extensive lacerations, consequently it would seem to be our duty as careful men to inspect the parts thoroughly and in case of a slight tear, often times a single ligature at the time will be sufficient, while in more extensive ones, or in those where there is a so-called complete rupture, infection should be guarded against as much as possible until such a time as a repair would seem advisable.

Opinions differ as to when is the most favorable time for such an operation; of course it depends largely upon how extensive an operation is necessary. But I believe that obstetricians as a rule, advise waiting weeks or even months or until the patient has recovered completely from the confinement and the uterus has again assumed its normal size. But gynaecologists ordinarily advise a "re-

pair as soon after delivering as possible, in the case of complete tear immediately, in others, say three weeks or four weeks, for by this time the congested and oedematous condition of the vulva has passed off, consequently lessening the amount of hemorrhage which is bound to take place at such a time. Just why there should be such a difference in opinion in this regard is perhaps due to the fact that the possible sequelæ of ruptured perineæ is not altogether appreciated by the one, and is, by the other class of men.

What are the sequelæ and why should a ruptured perineum be the causative factor in such? An examination into the anatomical arrangement and physiological function of the part will perhaps give us a clew.

We are all familiar with the fact that in sagittal section the posterior wall of the vagina forms a flattened S with the convexity of its lower curve directed forward behind the pubic arch, which fact is accounted for by the relative positions of the planes of the pubic arch and the levator and fibres. The real supporting mechanism of the outlet is not the so-called "perineal body," but the anterior fibres of the levator muscles which as you know arise on either side of the inner surface of the pubic ramus passing backward around the lateral vaginal wall to unite with its fellow behind the rectum. The exact position of these muscles may be easily demonstrated by pressure in each lateral vaginal sulcus with one finger in the rectum.

The so-called "perineal body" is by many supposed to be the supporting body of the pelvis and at the same time acting as a plug or cut-off for the "outlet." But with the position of the levator ani muscles, their relations to the vagina and rectum together with the absolute lack of tissue where this "body" is supposed to be situated, it will be seen at once that the idea is an erroneous one.

This levator muscle which has been very aptly called the diaphragm of the pelvis, acts not as a sphincter of the vagina and in its capacity lending it support, but in lifting as it does the rectum well up under the pubic arch, it at the same time flattens out and holds up between the two the vagina. It is in such a manner that the vaginal outlet and secondarily the pelvic contents is supported. With these facts in mind it can be readily seen what would be the result of a rupture of some or all of these fibres of a giving away of this support. The back-ache, dull and heavy, low down and often times radiating into the hips "dragging sensations" as the patient may express it, a sense of weight and heaviness, with the extreme cases, bearing down pains, dysmenorrhea, irregular and often times diffi-

cult micturition and where the support is little or nothing, a gradual relaxation of the uterine ligaments and a prolapsus of the uterus and coming with it the bladder.

All of these are local symptoms, but when we recall the very intimate connection between the sexual and general nervous system, need we be surprised that headache, more or less constant, general back-ache, gastric irritation of various sorts may be the so-called sympathetic or reflex symptoms?

What a large proportion of the cases entering the Gyn. service of any large hospital present just such a picture. Many times physical wrecks absolutely incapacitated and with a despondency pitiful to behold. And on a most careful pelvic examination, absolutely nothing found but a relaxed vaginal outlet and its usually accompanying uterine displacements.

Perhaps some one may say that the picture is overdrawn, that my enthusiasm has carried me away; in fact that a simple (?) rupture of the perineum could not possibly be the cause of such a state of affairs. In answer, I would simply say consult the Gyn. records of any good hospital or of any man doing such work in private practice, and I am sure proof will be found in either place in abundance.

To cite an extreme case simply to show what does happen as a result of neglect not only on the part of the physician but of the patient as well, I recall an old Irish woman some fifty years old who entered the Gyn. service of a large eastern hospital during my service as Gyn. house officer, with the following symptoms and condition: incontinence of both feces and urine, back ache, dragging sensations, caused by an almost complete rupture of the perineum, which as a relaxation increased admitted of a prolapsus of uterus, vagina and bladder together with protrusion of about six inches of the rectum. She remained with us some four months and was operated upon as many times, all being plastic work with the result that everything was back inside of the body and she had complete control of both her bladder and rectum.

We all have, or have seen cases wherein the condition is not extreme as in the above, but where the discomfort, the suffering both mental and physical would seem to be far in excess of the pathological findings, but can we not now see wherein we have erred? One of my professors used to say, "Gentlemen, always think of all the possibilities before you make a diagnosis." How much of truth and common sense there is in this! If, after we had blamed a stomach, or a head or a weak back and lastly, but perhaps more commonly neuresthenia for all these troubles and treated, or rather mistreat-

ed our patient accordingly and with the natural result; if, I say, after all this we would stop and think of the possibilities, and I am sure you will all agree with me now that the perineum is quite a possibility, how much of time and patience, to say nothing of suffering, would be saved.

Of course this view is as it were the final chapter. The mischief has been done, our duty then is to rectify it if possible.

But how much better it would be to keep constantly in mind the anatomy and physiology and instead of indifference and careless haste just to remember the future possibilities and act accordingly.

Operative procedures on the perineum are many and varied, the variety not depending, as we would suppose, on the actual condition but upon the conception of the individual operator of the functions of the parts.

Most men, however, agree on the necessity of a denudation; the extent varying of course with degree of laceration. But even then there are men that claim that to denude is only so much time wasted, that the object sought is to "lift up and fix" the levator fibres and this can be done as well without as with denudation. Granting this, I would be interested to know what they expect to do with the puckered tissue which is bound to appear, *i. e.*, provided he does any "lifting or fixing" of the muscles.

Kelly has a "modification" of the original Emmett's which has far greater range of application and with somewhat less denudation.

The essential factor in Kelly's modification is the removal of all or of as much of the scar as possible, regardless of the position and the bringing together of parts anatomically so intended by means of the so-called deep lifting sutures, which by the way are always silk worm gut and are removed any time after the second week. Of course it is necessary to slightly over do the repair and in this way allow for some future relaxation.

But whatever operation is done, and there should be no routine method, the following facts should be kept well in mind:

That a simple closure of the "orifice" is not going to accomplish a thing.

That the parts must be well exposed, and the direction of the scars determined, before a knife is applied.

That a surface must be denuded which will be sufficiently large to allow of an almost complete removal of these scars.

And finally that care must be taken to unite parts correctly from the anatomical standpoint.

Of course in the case of complete tears, *i. e.*, where the sphinc-

tre and is torn through, no delay should be permitted. In other words, such cases should never be allowed to drift into the hands of a gynaecologist. The repair, if done early, and I mean by this on the following day after the accident, is simple and effective, there being no scar tissue to complicate. Usually in such cases the laceration is a short one, not extending far into the vagina, consequently necessitating only slight denudation. But, in the chronic cases, care must be had against being misled by the ability of the patient to retain feces, in believing that the rupture was complete.

These operations are not beyond the general practitioner, in fact, the earlier they are done, the simpler they are, and consequently so much the less need of unusual skill. So that my plea would be, given a torn perineum, repair it early, thus greatly simplifying operative measures and saving the patient from certain pain and suffering.

THE MANAGEMENT OF BREECH PRESENTATIONS.*

H. J. STACEY, M. D.

Leavenworth, Kansas.

I shall today consider the more serious difficulties encountered in breech presentations, also the methods of dealing with such conditions.

By breech presentations is here meant a presentation of any part of the pelvic extremity of the fetus.

Pelvic presentation occurs in nearly 2 per cent of mature births, the mortality of the fetus being about 30 per cent. It occurs in 6 per cent of labors where there is contracted pelvis; and quite often with premature and dead babies and in hydramnics.

In the mechanism of these presentations, some variations from the mechanism of head presentations should be recalled. Dilatation of the cervix and descent of the head is slower. Forward rotation of the anterior hip is imperfect. The delivery of the fetal chest,

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shoulders and head must always be accomplished in a short space of time.

The most common anomaly seen in these cases is the backward rotation of the occiput; the mechanism here varying as the head remains flexed or is extended. Extreme rotation of the breech is important only because it may deceive the obstetrician. Abnormalities in the anatomy of mother or child, or in the physiology of labor, will not be discussed, as they are operative in all presentations.

Serious dangers threaten the child in breech presentations. First, pressure on the cord; there is danger in all cases after the child is delivered, to the navel; and when the child is disproportionately large, after the trunk engages. This danger is greatest when both feet are presenting. Second, premature inspiration, especially liable to occur when cold air is allowed to strike that part of the fetus already delivered. Third, the child is usually destroyed if the head is caught by the imperfectly dilated cervix. Fourth, it may be injured or killed by the efforts made to extract it; for example, injury to the thigh; fracture of the humerus or clavicle; the abdominal organs may be injured and there may be hemorrhages into the muscles, the spinal cord may be torn across, and the skull and brain may be injured. Separation of the placenta is a danger more imaginary than real.

After this hasty review of the mechanism and dangers of pelvic presentations, more careful consideration will be given to the management of these cases. In general, they must be watched much more closely than is usually necessary with head presentations. The labor may be prolonged. The fetal heart must be auscultated frequently. And first of all, the maternal pelvis should be measured and the size of the fetus determined with the greatest possible accuracy, for on their relative dimensions will depend largely the future course to be pursued. Schmitt holds that it is often feasible to do external version, bringing the head, but I think this is rarely possible. "Asepsis should be perfect throughout."

In discussing the details of management, we may properly divide these labors into general classes, according to the difficulties presented.

Normal or easy labors, in which the child is not large, the maternal pelvis is roomy and the expulsion forces normal. The principal difficulties encountered here are doubtless due to too much and too early interference. Leave the case alone until the breech appears at the vulva, being especially careful not to rupture the membranes. The arms and head, if any assistance is required,

may be delivered as suggested later in this paper; and manual dilatation of the cervix may be useful in shortening the time of labor. Anesthesia if used, should be obstetrical not surgical.

In a certain number of cases, delivery will be plainly impossible, for anatomic reasons. The operator must here decide, as in head presentations, which operation shall be undertaken, depending on the general condition of the mother and child, the degree of disproportion in size, and on the facilities and assistance at his disposal. He may choose Caesarian section, dismemberment of the fetus, rarely symphysiotomy; if great rapidity of delivery is essential, cervical incisions and Dührssen's vaginal hysterectomy may be considered.

Uterine inertia may be present. If the fetus is in danger of asphyxia, the fetal heart-beats fail to regain their normal frequency between pains, and become slower and intermittent. There is then need of rapid delivery. And the condition of the mother may make interference necessary.

There remains the largest class of all, difficult, but not impossible labors, among which are all degrees of difficulty, and they include original breech presentations, and those changed into breech by version. They test to the utmost the judgment and dexterity of the obstetrician. One aid to delivery often employed is traction on the body of the child, which may be applied in several ways:

1. Traction with the blunt hook, never to be used excepting on a dead or sacrificed child.

2. Hooking the finger over the groin, the best method for easy traction.

3. The use of the fillet, perhaps there is no better method in simple uterine inertia; the fillet should if possible be placed around the pelvis, coming down between the thighs, useful in normal cases in which the membranes rupture too early.

4. The application of forceps, preferably Farmer's, has about the same field of usefulness as the fillet.

5. Delivery of a foot often gives brilliant results in cases where the breech will not engage.

In general, excessive traction is likely to injure the child directly, and may cause extension of the arms, dorsal displacement of the arms, and extension of the head and otherwise disturb the normal mechanism of labor.

Bringing down a leg early in the second stage of labor is practically necessary if there is a small pelvis, a large child, prolapse of the cord, an unyielding cervix, or need for a hasty delivery. It is

important that the leg be brought down at the right time, before too much liquor amnii has escaped and the uterus has contracted on the fetus. The patient should be partly anaesthetized. Introduce the hand, the palm of which corresponds to the child's abdomen, the other hand supports the fundus of the uterus. Get the anterior leg, press the knee outward and backward, catch the ankle, flex the knee completely and bring down, pulling on the ankle alone.

When the child has been delivered to the umbilicus, the technic of delivery demands speed and precision. The head should be kept flexed and aided to engage by abdominal pressure. Do not waste time with the cord. Keep the body of the child warm to prevent premature inspiration. To deliver the arms, if they are in front of the chest, they can be pulled down by a finger hooked into the elbow; if extended by the head, introduce the hand which corresponds to the arm sought, along the side of the child, on up to the elbow, and with the tips of the fingers bring the arm forward over the child's face and downward, your fingers will act as a splint for the humerus. Delivery of the arms in dorsal displacement depends upon the kind of displacement. When the arm has been extended, then carried down behind the occiput, the edge of the scapula is at the axilla; to deliver, the vertex must be rotated to the opposite side, the arm extended and then brought down as in simple extension. When the arm has been carried backward from a position of flexion the scapula will be close to the spine; pass the hand along the back, grasp the elbow and pull downward and forward. With the arms down, the shoulders can be readily delivered; it is usually easier to first deliver the posterior shoulder, then rotate slightly and deliver the anterior shoulder.

Delivery of the head may be accomplished by pressure from above, by pulling on the jaw and shoulders, and by the forceps. In all breech labors the forceps should be ready for instant use. If the forceps are not at hand, and the head is well down, occiput anterior, one may deliver by the Prague method or by Wiegand's method; with occiput posterior; if the head is flexed carry the child's body downward; if extended, carry it upward. Posterior rotation of the occiput is extremely rare, except when due to untimely pulling.

The most common as well as most serious accident is the arrest of the head at the pelvic brim. In 1903, I published in the *American Journal of Obstetrics* a method devised to meet this complication, from which I now quote.

One is sometimes baffled in his efforts to deliver by a rigid cervix or by the rigid contraction of the lower uterine segment and cer-

vix, causing death by asphyxia and strangling. Forceps can sometimes be put on high; but the application of forceps in that position is always dangerous and often impossible, and the head can never be well handled. This plan also avoids the difficulties caused by a small, non-elastic vagina and rigid or friable perineum; and it is applicable wherever one is compelled to deliver rapidly.

Carefully sterilize the vagina and cervix with tincture of green soap, sterilize water and small gauze sponges, followed by a mild antiseptic solution, as creolin 2 per cent. When the time comes to interfere, thoroughly sterilize the hands, and have the patient profoundly anaesthetized. Now with the hands carefully dilate the vulvar orifice, stretch the perineum and dilate the vagina. If the cervix will not admit the hand, dilate manually until it will. Dilating instruments are worse than useless; the Champetier bag may be considered if there is plenty of time. Bring down both feet. With the child's thighs in the cervix, introduce the hand, the palm of which in the semi-prone position corresponds to the child's abdomen, and dilate the cervix and lower uterine segment thoroughly, until they are practically paralyzed. Upon the completeness of the dilatation depends the success of this method. While dilating, gradually withdraw the chloroform. Clasp the legs and extract slowly, while an assistant or the operator's own hand if necessary, presses down the head in strong flexion. Proper manipulation of the breech and trunk will serve to deliver the child to the shoulders. The arms and shoulders are quickly delivered as stated above. The assistant then holds the child while the operator delivers the head with forceps.

The advantages of this method are:

1. The time of labor is shortened.
2. There is little or no laceration of the mother.
3. The child is neither strangled nor mutilated.

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NASAL OBSTRUCTIONS.*

J. E. SAWTELL, M. D.,

Dean College Physicians and Surgeons.
Kansas City, Kansas.

In order that this paper may be of interest to all, so far as possible, and that it may be free from the minutiae of detail so common to the specialist and often tiring to the general practitioner, a symptom, rather than a disease has been selected as the subject. Nasal obstruction is a symptom more extensively associated with the various pathological conditions found in the nasal and post-nasal cavities than any other in the entire field of rhinology.

In order to have a clear understanding of the harmful effects, it will be well to bear in mind the more important physiological functions of the nasal cavities, which are chiefly three-fold. They preside over the sense of olfaction; they give character and resonance to the voice; and the third and most important duty is in connection with respiration.

The olfactory nerve which supplies the upper third of the nasal cavities in the human being, is the special nerve which governs the sense of smell. It is evident then that one of the essential requisites to olfaction is the patency of the nasal cavities, in order that odoriferous particles, when inhaled may come in contact with the terminal filaments of the olfactory nerve. It is also upon the patulous and unobstructed condition of the nasal and post-nasal cavities that the character and quality of both the singing and speaking voice depends. It is here that the tones initiated in the larynx are very much elaborated and developed. Any undue thickening therefore of the mucous membrane, or any condition producing obstruction, either in the post-nasal or nasal cavities, gives rise to that most disagreeable condition known as "nasal twang," and soon articulation becomes fatiguing and the voice breaks down as a result of any effort requiring prolonged use.

Until more recent years the respiratory function of the nose was looked upon as being secondary in importance to that of olfaction and phonation, but the experiments of Aschenbrandt and Kayser have shown that the most important apparatus of the nasal cavities is associated with the functions of respiration, and Bosworth was the first to call attention to the fact that upon its normal functional

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activity, depends, in a great measure, the integrity of the entire mucous membrane of the lower respiratory tract.

This important apparatus referred to consists of those large plexuses of blood vessels located on the lower border of the inferior and middle turbinates, and which supply sufficient moisture to saturate, in a measure, the inspired air. It is estimated that these so-called erectile bodies give off from twelve to sixteen ounces of water during each twenty-four hours in the adult. The nasal cavities are the only parts of the entire respiratory tract endowed with such an apparatus, the remainder being supplied only with mucous secretory glands, which furnish sufficient moisture to keep the mucous membrane in a healthy condition, when the air is inhaled through the nasal cavities, saturated with moisture.

"The function then, of the nasal chambers, is to prepare the incoming current of air so that it shall exert no injurious influence on the mucous membrane of the passages below. The vasomotor system of nerves so delicately regulate this function that the transudation of serum accurately adapts itself to every existing atmospheric condition, so that when the air is saturated with moisture, no serum escapes, and when the atmosphere is dry, the turbinated vessels are charged with blood, and the serum is poured out in amount sufficient to saturate the in-going air with moisture, without impairing the consistence of the blood in the vessels."—(Bosworth.)

Saturated air, passing in and out of the lungs takes no moisture from the bronchial mucous surfaces and they are thereby left unimpaired, as is otherwise the case when respiration is oral.

As the conditions producing obstruction to nasal respiration are numerous, it will be possible, during the short time allotted to this paper, to deal with only the more important.

Nasal obstruction may be due to pathological processes, either in the nose, naso-pharynx, or ora-pharynx. They may be acute or chronic, benign or malignant.

As cellular activity of the lymphoid structure belongs to child life, nasal obstruction at an early age, is usually the result of pharyngeal adenoids, and may be aided by hypertrophy of the faucial tonsils, which is frequently associated with this condition. Hypertrophy of the pharyngeal tonsil is sometimes present at birth. Infants that frequently have to interrupt nursing for mouth breathing are nearly always the victims of this form of nasal obstruction. A child under ten years of age, with an intermitting quality of nasal obstruction, and the subject of frequent attacks of cold in the head, will be found, in the vast majority of cases to be suffering from ade-

oids. More or less hyperæmia of the turbinates may be present as a result of the adenoids, but this condition soon disappears after removal, if the operation is not too long delayed.

Of all the pathological lesions found in the nasal cavities of adults, hypertrophic rhinitis is the most frequent cause of nasal obstruction. A true connective tissue hypertrophy, such as is found in a hypertrophic rhinitis, belongs almost exclusively to adult life, and consequently cannot be taken into consideration as an element of obstruction in child life. It is rarely met with before puberty. Simple chronic rhinitis is a very common form of nasal obstruction, and is differentiated from the hypertrophic form by the use of the probe, and cocaine or adrenalin solution. The membranes are swollen and puffy, and the interstitial tissues filled with serum and leucocytes, instead of connective tissue, as in the former.

Deformities of the nasal septum, such as deviations and spurs, are met with in the majority of all adults, but not always to an extent that is pathological, and they only become so when there is an interference with nasal respiration or drainage, or abnormal points of contact are produced.

The nasal cavities, especially the septum and inferior turbinates, are favored sites for the formation of gummy tumors in syphilitic subjects, and these always more or less obstruct nasal respiration and may remain an indefinite time before breaking down.

Malignant growths in the nasal cavities usually pursue a rapid course and are generally recognized by some of the following clinical symptoms, viz: cachexia, hemorrhage, foul odor, pain or deformity. Cachexia is common to both sarcoma and carcinoma. Hemorrhage and deformity belong more to sarcoma, while foul odor and pain are more frequently associated with carcinoma. Hemorrhage and deformity are also symptoms of nasal fibromata, but the absence of cachexia and the firmness of sessile character is in marked contrast with the soft, flabby pedunculated sarcomatous mass.

Of the non-malignant variety of growths found in the nasal cavities, about 80 per cent are myxomatous, usually known as polypi, and are found chiefly in adults. They are usually located in the middle meatus along the roof, or outer border of the middle turbinate. They are usually attached to a pedicle and present a bluish gray color, with a bright glistening surface unlike any other growth found in the nasal cavities.

The foregoing conditions will probably cover 90 per cent of the causes of nasal obstruction, and as it is the object of this paper to

dwell more at length upon the ultimate effects of neglected cases, the further etiology will not be considered.

* It has long been known that nasal obstruction in early life and continuing until after permanent dentition, usually results in more or less facial deformity. Ziem has shown by a series of experiments, that occlusion of one nostril in young animals will produce a marked facial deformity. In the mouth-breathing child, there is often observed an irregularity of the arch due to arrest of development of the superior maxillary bones. The arch is narrow and deeper on account of the increased thickness of the alveolus and the sagging of the teeth downward on account of not meeting with the resistance of the lower jaw. In some instances the arch is V shaped, and in such cases we always find the superior incisors projecting over the inferior and producing an apparent shortening of the upper lip. In other cases we see what is called a "saddle-shaped jaw," which is an irregularity of the bicuspids. Irregularity of the lower teeth usually follows those of the upper. More or less deviation of the cartilaginous septum takes place later on, due to the fact that the cartilage develops more rapidly than the osseous structure.

On account of long disuse, both the nasal fossæ and the post-nasal space are more or less contracted due to lack of development. Many other minor deformities are frequently observed, such as a pinched appearance of the tip of the nose, while the bridge is abnormally flat and thick, giving the appearance of a widening of the distance between the eyes. A prominence of the eyeballs, drooping of the eyelids, flattened cheeks, and as Bishop says, "an obliteration of the normal lines of facial expression, thus lending the appearance of listlessness and intellectual inferiority," are also frequently observed in those addicted to mouth-breathing.

But there is something of vastly greater importance to be considered than the mere cosmetic defects. Prolonged nasal obstruction in the child is undoubtedly a hindrance to both mental and physical development. There is inability to concentrate the attention, and an air of apathy is apparent. The memory is often bad and the child is backward in his studies. Such children are usually pale, anæmic, poorly nourished and show a tendency to stunted physical growth. If this condition is not remedied in time it leaves its impress upon both the mental and physical condition which stands out in defiance to the skill of our profession.

Nasal obstruction occurring in adult life is not fraught with all the serious consequences of that in early life, yet if prolonged, the

consequence is fully recognized when a true estimate is made as to the expectancy of life of such individuals.

When dry air is breathed into the lungs it sets up an irritation of the air cells, which interferes with the absorption of oxygen and the elimination of carbon dioxide. The blood cells, therefore, are not only supplied with an insufficient amount of oxygen, but they are poisoned with carbon dioxide, which greatly impairs their germicidal powers, and thus leaves the system unguarded against the invasion of various pathogenic germs.

If rhinologists would do their duty and attend to the nose and naso-pharynx of both children and adults, it would not be long until there would be recorded a lower percentage in the development of tuberculosis. Individuals who have been mouth-breathers from childhood up, are not likely to reach the standard of weight and physical development. There is usually a general lowering of vitality, a chronic catarrhal condition of the respiratory tract, and more or less hypertrophy of the lymphoid tissue forming the tonsillar ring, and these are undoubtedly very important factors in making up what is known as diminished resistance. The fact now seems to be well established, that the germs of several infectious diseases, such as tuberculosis, acute rheumatism, etc., gain entrance to the body by passing through the girdle of lymphoid tissue about the upper respiratory tract. Various experiments have been made by inoculating guinea pigs with tonsillar and adenoid tissue, and it has been found that from 13 per cent to 20 per cent died from tuberculosis, and in none of these cases was tuberculosis present in the individuals from whom the tissue was taken.

Bacteriological examination also reveals the fact that tubercular bacilli are often found in the tonsillar and adenoid tissue of healthy subjects. It is not an unusual thing to find tubercular glands about the neck before the lungs have become involved. Osler says: "A special predisposing factor in the lymphatic tuberculosis is catarrhal inflammation of the mucous membranes, which in itself, excites slight adenitis in the neighboring glands." It is true that it is not necessary to have a chronic catarrhal condition or a diseased lymphatic area, in order that the tubercular bacilli may gain entrance, yet it cannot be denied that such conditions greatly facilitate the infection, especially when nasal respiration and drainage is obstructed.

Wright, who has given considerable attention to the subject, says: "We must assume that the tubercle bacillus passes into the

lymphatics through the mucous membrane of the nose and oropharynx in a very large proportion of cases of pulmonary infection." The fact now seems to be well established that the old theory that the germs had to be breathed directly into the lungs in order to set up an infection, is no longer tenable as a means of accounting for all cases of tuberculosis. Yet it is true that the danger of infection from inhalation is much greater when nasal respiration is interfered with, for then the individual is without that protection which nature has provided against such invasion.

The possibility of the tubercle bacilli reaching the lungs by gaining entrance to the lymphatic channels through the lymphoid area about the naso and oro-pharynx has been denied by some, but the investigations of Klebs, Baumgarten and others seem to have settled this question in the affirmative. They were able to produce typical cases of tuberculosis by injecting small quantities of bacilli into the bladder, under the skin, and into the eye, the lymphatics being able to carry them to the apices of the lungs, no matter what part of the body was the seat of infection.

In the light of our present knowledge, it would seem, then, that the most common channel of infection is through the lymphatics, and this being true, how important it is for children, especially those who are the off-spring of tuberculous parents, to have all diseased lymphoid tissue removed from the upper respiratory tract and thus establish free nasal respiration and free drainage, thereby removing the danger of infection from this source as far as possible.

In nearly all forms of nasal obstruction the cause can be removed with but little risk and inconvenience to the patient, with the exception of malignant growths. Here the prognosis is almost universally bad under all forms of treatment known at present. Fortunately these growths are not of frequent occurrence in the nasal and postnasal cavities.

CONCLUSIONS.

First—Hypertrophy of the lymphoid tissue about the naso and oro-pharynx is the cause, in the vast majority of cases, of obstruction of nasal respiration in child life.

Second.—It is early and prolonged nasal obstruction that produces facial deformity.

Third.—It is also the means of retarding both mental and physical development, and in many instances permanently impairing the same.

Fourth.—Hypertrophied lymphoid tissue is fertile soil for the absorption of various pathogenic germs.

Fifth.—Prolonged nasal obstruction and its effects are important predisposing factors to be reckoned with in the etiology of tuberculosis.

Sixth.—It is important to recognize this condition early and speedily adopt the proper remedial measure and thus obviate both the mental and physical stigma that so frequently dim the luster of our professional art when too long delayed.

*310 Rialto Building,
Kansas City, Mo.*

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IMMUNITY.

GEORGE HOWARD HOXIE, A. M., M. D.,

Associate Professor of Anatomy in the University of Kansas,
Lawrence, Kansas.

(Continued from February number.)

Now if all the essential element of the body cell be withdrawn thus, the cell dies; if only a part, then the cell lives and replaces the element by manufacture or addition from the surrounding medium. Here too the cell would overdo the matter and manufacture so much of this element that it would have a surplus; and any more toxin coming along could be fully satiated without injury to the cell itself.

Dr. Vaughan believes that the colon bacillus is a chemical rather than a physical body, because these elements are not extracted by physical means—for instance, dilute mineral acids split off the same substance quantitatively and qualitatively no matter whether the acid be 0.1 per cent or 33½ per cent. He believes that he has demonstrated the existence of the following groups in the colon bacillus: nuclein, amido, diamido, monamido, carbohydrate, toxic, hemolytic

and hemoglobin splitting. Now the toxicity of a bacillus might depend upon which group is let loose upon entrance into the body fluids. If it were the toxic, it would probably unite with the nuclein or other essential element in the nerve cells and thus destroy life by causing a cessation of respiration. Dr. Vaughan thinks that this toxic group may be a neurin. If the toxic group be detached from the cellular molecule only slowly or under great stress, then the bacillus would hardly be pathogenic. Now in our body cells Dr. Vaughan has found toxins practically as powerful as the bacterial toxins—for instance one from the liver cells. Hence it is possible that if this group in the body cell be overdeveloped, it would make the body fluids poisonous for any bacilli introduced into them.

The colon toxin when introduced into the abdominal cavity of a guinea pig produces death in 10-24 minutes, but when the intact bacillus is introduced it requires as many hours. This shows that the bacillus must be broken up before the toxin acts.

Under Dr. Vaughan's reasoning an anti-toxine is formed by the process of repair of the body cell. He calls a toxin therefore only such a body as can cause the formation of an anti-body—it cannot be therefore a body that would really destroy the body cell, for then no antibody could be formed. Toxins cause death by inhibiting the vital centers, as I have noted above, and not by destroying cells. This latter is the function of poisons and Dr. Vaughan thinks that tuberculosis secretes not a toxin, but a poison because no antibody seems to be formed.

If Dr. Vaughan's hypotheses are true, then we have secured a basis for decided advance in our knowledge of infectious diseases and can shortly secure more definite means for fighting them, for it is not a vital process but one subject to the same laws as govern other chemical reactions.

NOTES.

The antibodies in general use now are often grouped as follows:

1. Antitoxins and antiferments.
 2. Agglutinins.
 3. Coagulins and precipitins.
 4. Cytotoxins (hemolysins, bacteriolysins, spermatotoxin, etc.)
- A toxic* broth deteriorates rapidly on keeping and becomes

*The *toxic* unit is the amount of toxic broth sufficient to kill in four days a guinea pig weighing 250 grams. The *anti toxin* unit is the amount of serum which will completely neutralize the effect of 100 toxic units for a guinea pig of the same weight, *i. e.*, the amount of serum which when mixed with broth containing 100 units of toxin will when injected into the guinea pig cause no symptoms.

what Ehrlich calls a *toxoid*. This he considers evidence that the toxin consists of two parts—a toxophore, or poison-bearing part and a haptophore or hook-bearing part. But as we have seen Dr. Vaughan's hypothesis will probably offer a simpler explanation of the constitution of the toxin, *i. e.*, that it is simply a neurin which deteriorates on standing, etc.

Inasmuch as the toxin forms a firm chemical union with the body cell (nerve cell) an antitoxin to be effective must be given (1) early and (2) in relatively immense quantities. This of course has been demonstrated by practical experience also, and we now give for diphtheria 2000-3000 units as soon as the diagnosis is made. Other antitoxins are those for diphtheria, tetanus, and also antivenene, antiabrin, antiricin.

The second group of antibodies, the agglutinins and bacterioly-sins, inhibit or dissolve the bacteria themselves with which they come into contact. We have these sera now for use: the anti-typhoid, anti-cholera, anti-plague, anti-pneumococcic, anti-streptococcic. The most of these are still in the trial stage. Probably the best success has been obtained with the cholera and plague anti-microbic serums. It is the clumping reaction between the serum of the typhoid fever patient and the typhoid germ that we use to establish the diagnosis of typhoid fever. Cholera is diagnosed similarly.

Under the terms coagulins and precipitins we refer to the substances formed in the body when solutions or mixtures of proteids are injected. Thus the injection of milk leads to the presence in the serum of a substance which produces coagulation in the kind of milk used—but not for any other kind. So also when the blood of one species of animal is injected into the veins of another species, the blood of the first will be precipitated by the serum of the animal treated. This property has given us a test for blood stains to decide whether they are of human origin or not.

The cytotoxins are the substances formed by the injection into the animal's body of body cells. The substance thus formed kills the kind of cell injected. Thus when liver cells are injected the serum will dissolve liver cells. If blood corpuscles (or ordinary blood) be injected, the serum formed will dissolve corpuscles of animals like the first.

An attempt has been made to manufacture a serum which would destroy cancer cells by injecting cancer cells into an animal and using the serum in patients. But we do not know that cancers are different from ordinary epithetium in anything ex-

cept resistance. Hence such a serum has small chance of success.

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CHOREA.

DR. S. S. GLASSCOCK.

Professor Clinical Neurology, Kansas City Medical College; Medical Director, Grandview Sanitarium, Kansas City, Kansas.

Chorea, strictly speaking, is an acute disease of childhood, rarely occurring after maturity, or in old age.

Etiology—It occurs more frequently in girls than in boys; in the proportion of about three to one. Most cases occur between the ages of five and sixteen. Cases are rare before the age of four years, unless we include the so-called congenital cases, which, in reality, are in most instances organic cerebral diseases.

Chorea is extremely rare in the dark-skinned races. Negroes and full-blood Indians are rarely subject to this disease. It is especially likely to occur in neurotic families—epilepsy, hysteria and the various other neuroses, some of which can be found in the family history of these cases. In fact, a child that has not back of it a neurotic family history or the history of some misfortune that impairs seriously its own nervous system, is not likely to develop this disease.

Many eminent authorities believe chorea to be associated with rheumatism. Andrew Clark says: "Chorea is rheumatism of the brain." Many observers have found that in many of the cases of chorea, rheumatism accompanied, preceded or followed the attack of chorea, either as a muscular or joint lesion or a resulting heart lesion. The association of these two diseases, so widely observed, proved beyond much doubt that they must have something in common. Some observers have concluded that the exciting cause was

the same, and in cases where the nervous system was in a condition favorable to the development of chorea, we have the disease, otherwise it is absent. Of course a heart murmur heard in a case of chorea may be only an evidence of anaemia. The pains may be only the evidence of an infection if we accept the infection theory of chorea. Osler finds rheumatism in 21 per cent. of his cases; Crandell, 54 per cent.; Starr, 18; the British collective investigation, 22 per cent. Reflex irritation is seldom found, but should not be overlooked. Pregnancy may cause its return, or be an exciting cause. Fright and worry seem to be important factors in developing this disease. The three important factors in the cause of this disease are the neurotic, infectious and rheumatic.

As to the precise location of the disease in the nervous system, the frequent unilateral distribution of the disease with the absence of sensory disturbances point to the cerebral cortex.

Piadece cultivated a rod-shaped microbe from the brain and cord of fatal cases of chorea, which injected into animals produced apathy, tremor, convulsive movements and finally, death. Costmouren, in these cases, found the bacillus only in the nervous system. These observations have not been confirmed by other observers. Westphall has isolated from the cardiac vegetation a microbe, that injected in animals produced arthritis in the subject.

Morbid Anatomy—As death rarely occurs in these cases, the condition found in the fatal cases can not be supposed to give any definite information as to its pathology. The fact that the same condition is not found except in a few of the cases renders the pathology still more doubtful. The chorea corpuscles first described by Elischer and frequently found by others are of little value, as they are frequently found in other conditions, notably in infections. Manasse found them in autopsies on septic subjects and succeeded in producing them in dogs by putrescent intervenous injections. Turner described swelling in the cortical pyramidal cells. His cases were septic and that condition might have accounted for the condition. In the fatal cases, the heart is almost invariably diseased. Osler found that to be the case in 90 per cent. of his fatal cases. Benton and Walker claim to have found a streptococcus in chorea and rheumatism reacting differently from the streptococcus of human septicaemia.

Symptoms—Chorea is usual insidious in its onset. Its motor symptoms may be abrupt in their appearance. Certain prodromal symptoms are likely to be present, as anorrexia, disinclination to do any work or study, peevishness, pain in limbs, irritable temper

and impaired memory. As the disease develops, the patient becomes awkward. Objects fall out of the hand and are broken—sometimes a child is punished for being careless. This, of course, increases the manifestation of the disease. The choreic movements usually commence in the hands and forearms, sometimes in the face; later the lower limbs and rest of the body. At times the choreic movements are confined to a single extremity, or to one side of the body. The choreic movements have as a rule, three distinct features: (1) Conscious movements that are beyond the control of the will: (2) Inability to maintain continuous contraction: (3) Loss of power. Choreic movements usually cease during sleep. Occasionally we see cases in which the choreic movements cease during voluntary muscular action; in other cases, the choreic movements are increased. The choreic movements of the tongue usually begin early, and at times continue until all other motor symptoms have subsided. When the choreic movements are well marked, objects are grasped with difficulty. The sphincters are rarely affected. Sensibility is usually normal, and if not, should arouse a suspicion of hysteria. Aside from the prodromal symptoms, the mind is rarely affected. Reflexes are but slightly, if at all, affected.

Cardiac disorders are present in a large per cent. of the cases. This is no doubt due to the close relation existing between this disease and rheumatism. Organic heart disease seems to be most frequent in cases between the ages of 5 and 10 years. Mackenzie found 66.6 per cent. of choreic patients with organic heart lesions; Osler, 51 per cent.

Chorea, with quite a variation as to symptoms, gradually reaches its maximum and afterward declines, leaving the lower extremities, body, arms, head, face and tongue in the order named. The recurrence of the disease is to be expected and occurs in one-third of all cases. Sometimes it recurs every spring for a number of years. The average duration is from six weeks to four months. Cases lasting one week may be met with. Cases sometimes last as long as eight months or longer.

Quite a variety of forms of the disease have been observed—the grave, gestational, and paralytic forms. In the grave form, *chorea gravis*, it is marked by intensity of its motor and mental symptoms. The choreic movements are general and so intense as to endanger the life of the patient from violence and starvation. The *chorea of pregnancy* usually occurs in primipara, often in unmarried girls. It is sometimes a recurrence of previous attacks that occur in childhood. *Paralytic Chorea*: In this form, the paralysis is the im-

portant symptom. The choreic movements being slight, and not easily detected. It usually occurs in young children at the age of 5 or 6 years. The diagnosis is as a rule not difficult. The prodromal symptoms and the choreic movements usually enable the diagnosis to be readily made. It is, strictly speaking, in children a self limited disease and recovery is the rule, unless the heart lesion should prove fatal. The older the patient, the less likely are we to have a recovery.

Treatment—In the treatment of this disease, drugs alone will not suffice. Of the drugs to be used, arsenic and anti-rheumatic remedies form the chief list of reliables. Fowler's solution pushed to its limit is of the greatest value. Anti-rheumatic remedies, as the salicylates, where evidence of rheumatism is present, are of the greatest value. Any existent constipation should be corrected to avoid intestinal irritation or fecal intoxication. Nutritious repair to replace the waste caused by over action, is very essential. Give milk, fruit and vegetables in abundance, avoiding red meats. Rest to body and proper sleep are indispensable in the treatment of this disease. Re-educate the muscles that have been impaired by the disease. Proper exercise of the muscle followed by rest will greatly aid in the treatment of this disease.

DISCUSSION.

DR. EASTMAN: The paper has covered the ground so well that there is very little to add, excepting a suggestion in regard to preventive treatment. The condition seems to be due, essentially, to an impairment of the general nutritive processes of the body, and most likely to occur in children of neurotic tendency, consequently, prevention is of the greatest importance. To this end the hygienic surroundings of the neurotic child should be so modified as to be conducive to his physical development. He should have plenty of sunlight, fresh air, nourishing and easily digested food, proper bathing and suitable clothing, etc., in order to develop resistance to disease, and to build up the general physical health, expecting the nervous and mental conditions to gain and strengthen with the physical improvement. Schooling with its nervous and mental stress, should be deferred until the physical system has been strengthened and developed.

DR. BARNES: I think it is very essential that children having such a tendency should be kept out of school. Lately I have tried the various forms of electricity with a great deal of relief from these conditions. The only objection is that I cannot hold the patient long enough. After using the head spray for 15 or 20 minutes at a sitting (or whatever form I think efficacious) for a number of treatments, they soon feel so much improved that I cannot get them to follow up and continue the treatments as they really should to entirely overcome the condition.

THE CONSULTANT, CONVENTIONAL AND IDEAL.*

O. P. DAVIS, A. B., M. D.,

Professor Principles and Practice of Medicine, Kansas Medical College, (Medical Dept., Washburn College), Staff Physician, Christ's Hospital, etc.
Topeka, Kansas.

In the varied course of his experience, the general practitioner of medicine not infrequently finds occasion for calling upon another physician for aid or counsel.

Such consultations are generally for the purpose of obtaining advice and help in the conduct of different cases; but on the other hand, they may be evoked in support or justification of the attendant's procedure and opinion.

When a consultation is purely advisory in character, it naturally springs from a feeling of uncertainty or inadequacy in either the matter of diagnosis or that of treatment.

Nothing is more common in the experience of even the best and most able physicians than a feeling of doubt or uncertainty as to the true nature or extent of the disease factors in a given case. This doubt is not apt to be so much in the denominating of the morbid process as in the appraisal of its varied characters. Physicians proverbially differ and disagree about disease values, and always will, but perhaps less and less as time goes on, because of improved and accurate methods of making inventory. Diseases are not to be considered entities, as of old, but as the constantly varying manifestations of groups of effects produced by varying causes. No two diseases of the same name, therefore, can ever be alike; and sometimes diseases properly classed under the same name are so radically dissimilar as to be impossible of comparison. Again, the characteristic features of a given disease may be obscured and even concealed by complications with other and different affections, thus rendering the diagnosis more or less difficult, or even quite impossible.

The difficulties in diagnosis thus occasioned because of rare and atypical manifestations of morbid processes in the human body, and by reason of their obscuration by and complication with other diseases, are further enhanced by the common unfamiliarity with refined diagnostic technic which so many practitioners do not attempt to conceal. Laboratory methods of arriving at definite esti-

*Read before the State Society at Topeka, May 1904.

mations of vital functions and their deviations are not in general vogue with the busy practitioner. He is either indisposed to take the time for such laborious and tedious inquiries, or lacking the familiarity with the methods, is unable to put them into application for himself. And if this were all, it would not be so deplorable as the more regrettable admission that must be made, that some of the classic methods of physical diagnosis are little practiced by the average physician, and even when brought into requisition are perhaps practiced superficially, with little skill, and the findings therefrom often erroneously interpreted.

But even granting that no room remains for doubt in the diagnosis, there is yet often ground for advisory counsel in the matter of treatment.

Of all the questions that ever and anon recur to the perplexed medical mind, the most frequent is this: "What shall I do for this patient?" The therapeutic art is so imperfect, and its available agencies are so manifold, that no practitioner can ever hope to become acquainted with them all, much less to become expert in their employment. No two practitioners have the same list of favorites in their armamentarium. A drug successfully used by one may be in utter disfavor with another. Mechanical and operative measures differ vastly in their conception and technique with different individuals. And this lack of perfection in therapeutic art and the varieties of methods offering for the attainment of the same desideratum give rise to a common occasion for invoking counsel.

But, in addition to the advisory purpose of consultations, it often becomes necessary for the attendant to have counsel for the purpose of supporting himself and ratifying his procedure in certain cases. This necessity may arise, not because of any conviction of shortcoming on his own part, but because of the detection of lack of confidence arising in the patient or among his friends. The attendant should endeavor to anticipate such distrust as may thus arise, calling to his support another physician whose opinion would have weight as well as honesty of statement. In addition to this natural weakening of confidence in the attendant that so commonly crops out at critical times among despairing or discouraged friends of the sick, there sometimes may arise just grounds for a lack of confidence on the part of the physician in the ultimate disposition of the patient or of his friends toward himself. Any apprehension of evil motives will especially justify the calling of counsel especially in cases of fracture or other surgical conditions, where the best possible issue of the case may still leave room for disappointment,

and perhaps furnish a pretext for invidious criticism to those disposed to blame a physician for every unhappy event in life.

Then the office of the consultant may be merely to quiet the minds of the anxious and despairing family when all hope of obviating an inevitably fatal issue is abandoned. Even at such a time those most concerned usually desire to have the unhappy verdict reaffirmed by one or more physicians in whom they may have confidence before relinquishing the last lingering hope. And this sympathetic and faithful attendant will not deny them this consolatory benefit of counsel.

The conventional consultations called to fulfill any of the requirements here specified are often defective in several essential particulars, and by these defects, the ends desired are defeated.

First of all, the selfish element is often apt to dominate the attendant in his choice of a consultant. The physician in charge is, consciously and unconsciously, prone to think that his dignity and judgment are somewhat at stake in those cases where it is a difficulty of some kind that is to be settled; and his desire to be sustained with prestige undiminished in the community is apt to govern him in the selection of counsel.

This human animal instinct of self-preservation is not to be disregarded, for it is natural and potent, and all are in a greater or less degree biased by it. Nor is it to be censured as altogether ignoble; yet it must be acknowledged to operate frequently against the attainments of the real object and purpose of a consultation.

So it too often comes to pass that consultations are insincere and futile. That consultant is called who is noted for his suavity, amiability and readiness to agree with the practitioner who honors him by calling him. He is not without good intent toward the patient, and indeed he really desires to accomplish his recovery. But if he offers anything helpful, or allows himself to give any suggestions of value, or to make any discoveries of points that have hitherto escaped notice, he is likely so artfully to conceal them under a varnish and gloss of corroboration and wholesale endorsement, as that they seem of little importance and are usually ignored.

Indeed the practitioner who thus comes in as a consultant is usually no better qualified to pass correctly upon mooted points of diagnosis or treatment than the practitioner already in attendance. He is, in most cases, as already intimated, not chosen as the one best prepared to give needed aid, but as the one whose advent into the case will be less competitive to the attendant. He is usually a practitioner whose location is remote and who on this account is

rendered less likely to follow up any advantage that might accrue from a successful issue of a case perhaps considered desperate. Or, he is a practitioner often of no special attainments outside of the experience gained in the daily round of visitations and ministration common to the vast multitude of doctors. Consequently, when called into consultation, he comes with no higher credentials and no better qualifications than those enjoyed by his associate who has called him. His judgment or opinion, therefore, cannot be authoritative; and even if his conclusion is contrary to that of the attendant, the one merely neutralizes the other, and nothing at all is gained. Moreover, the average consultant is likely to be lacking in the refined skill and power of discernment needed to go more deeply into the case than the attendant has already gone.

But even if a most astute observer is called into counsel the conventional consultation is still defective because of the limited opportunity usually afforded for observation. The consultant, called from his own busy field, and perhaps hard pressed by engagements awaiting his return, sees the patient in question, perhaps once and briefly; at most infrequently and at a disadvantage, having to contend with the natural reserve manifested by patients towards strange and unfamiliar faces and the element of nervous over-tension which always attends a resort to extraordinary procedure. The examination thus made under adverse circumstances is most commonly superficial and perfunctory and the usual result is a most ready concurrence with the attendant's previous diagnosis and treatment.

The foregoing recital of the objections and defects of the conventional consultation leads, by natural transition, to a consideration of the requisites and qualifications of the ideal consultant. And while the requirements here to be suggested may seem visionary and utopian, they will nevertheless, be found based on reasonable grounds.

In the first place, the ideal consultant must limit himself to consultation practice and receive only referred cases. And this limitation must be observed by the specialists in every line of practice who desire to be considered by the family physician eligible as consultant. The reasons for imposing such restrictions are more or less obvious, but, for the sake of clearness, will be briefly stated. First, by limiting himself to consultation practice, the consultant ceases to be a competitor in the general field with him who calls him as counsel. If a physician is called into consultation in a difficult case, it usually gives him a badge of distinction in the eyes of the

onlooking friends, whether he deserves it or not. He is presumed by them to have special skill or insight; otherwise, it is reasoned, the physician in attendance would not have chosen him. With such an estimate in his favor, what is to hinder the family or persons who have been the beneficiaries of his services under trying circumstances from calling at the very onset of the next illness that one whose acumen and special gifts were so valuable and so conspicuously acknowledged on a former occasion?

And if the one called into counsel be a specialist in any one of the various departments, what is to prevent resort to this man of distinguished skill without intermediation when next the patient has an ailment surmised to come within the province so ably presided over by him? By so doing talent receives immediate instead of deferred recognition, and the pecuniary difference between the price of an office visit and that of a medical consultation is saved as a compensation for this timely anticipation of their necessities.

As a matter of fact consultants favored by the patronage and courtesies of the family physician with the distinguished and lucrative honors of consultation practice, afterwards, not infrequently, by the introduction thus received, make serious inroads on his field. Every specialist now takes cases at first hand. Oculist, aurist, laryngologist or surgeon will now receive cases without once asking the patient the name of his family physician. So what wonder that the general practitioner is becoming more and more self-contained, and doing for himself, even though imperfectly, what he used to be willing to send to others, or accomplish with their aid? What wonder that many general practitioners are losing interest in and withdrawing themselves from assemblages of medical men, cynical and pessimistic toward those abounding in such places who have in times past made them their selfish prey?

"But," it will be rejoined, "the consultant cannot afford to limit himself to such a narrow field as is here defined. The specialist cannot afford to restrict himself to referred cases. If he refers those who apply directly to him for his special services back to their family physician, they may, perchance, never return, the family doctor appropriating their cases to himself." Such a pretext as this is a confession that a large part of the specialist's work does not require special skill. And, as a matter of fact, this tacit admission is correct, and the general practitioner can do passing well a large part of the work that is done by the specialist. The specialist's legitimate and unchanged field of practice, in whatever department it may be, begins where there is required more than

ordinary technical knowledge, dexterity or skill, and such cases as do not require these extraordinary qualities properly belong to the regular family attendant. And he can never be a trusted consultant who will under any consideration ever take direct possession of a case that properly belongs to another without that other's consent.

Thus, it must be contended, the consultant, whether in the general or special departments of medicine, must confine himself to referred cases, for good and equitable reasons. By so doing, he will, in addition, be better able to qualify himself for efficient services; he will be able to declare himself with more authority; his opinion and advice will come to have larger value and greater weight both with attendant and patient; and he will be able to sit in counsel with a more evenly balanced and judicial mind.

The consultant who shapes his course toward this ideal must have a broad and liberal culture, and his technical attainments must be of the highest order. And when his services are required, he should be given extended and repeated opportunities for making such observations and investigations as the nature and difficulties of the case in hand may require. The powers of discernment, discrimination and interpretation of clinical findings are faculties, which, when possessed in high degree, in combination with rational and sound therapeutic attainments, constitute the prime attributes of the ideal consultant.

In the last place, but not least in importance, the ideal consultant should be a zealous defender and champion of professional decency and honor. He cannot hope to obtain or retain the confidence of the medical fraternity if he consorts with quacks. A consultant has no right to the respect and consideration of his fellows who holds any professional communications with medical pirates and outlaws. Medical duty does not justify such intercourse, and the respectable profession will never condone or tolerate it. Even though a few of the most prominent physicians of our own state may be cited as having been repeatedly and undeniably in league and alliance with the most infamous of medical outlaws, the act is none the less shameful and should be denounced in no uncertain terms on every hand.

This paper is the inadequate expression of what must have been generally felt as a need throughout the rank and file of the profession. It is not to be construed as a disparagement of the myriads of good medical men who from time to time gladly respond with their kindest endeavors to the call from their fellows for counsel

and aid. But it is a plea for a higher degree of attainment, and a consequent greater efficiency on the part of those who might well set themselves apart for a special and devoted service along these lines.

DISCUSSION.

DR. ROBERTS brought out the thought that in almost every community there were men, who by reason of years of experience, special study and research along certain lines, were eminently fitted to be called in by the regular physician as consultant in difficult cases; that the consultant should be selected by the man who has charge of the case, and not by the patient or friends. In the latter case a great many times the consultant is inferior in ability and experience to the one in attendance, and under these circumstances no gain accrues to either doctor or patient. The idea that we should have of a consultant is, that he be a man of better skill, wider experience, riper judgment, through years of study and experience along certain lines, than the one already in charge of the case. As a rule, after a physician attains to a certain age, after years of extended practice, he is apt to follow out certain special lines of extended research, thus eminently fitting himself for giving counsel and advice: the average man is not able to do this, and he should have no hesitation in calling in his more learned and experienced brother in the interest of his difficult cases.

DR. MAGEE spoke of the relationship which should exist between the general practitioner and the specialist, that the general practitioner needs the specialist, and the specialist needs the general practitioner, being of mutual help to each other, as well as conducing to the well being of their patients. The question arose so many times as to the duty of the specialist when called in to consult with doubtful practitioners, who were not just what they ought to be. The specialist is put to his wits' end at times to know what his duty is in such cases. Shall he consent to consult with these practitioners of doubtful ability and standing, or shall he refuse? He may be able to save the life of a patient, what is his duty in the case? These questions come up every day, and are very perplexing problems with which to deal.

DR. BOYD viewed the situation from the standpoint of the general country practitioner, and thought that if the general practitioner was honorable and square that he would probably be accorded the same treatment by the consultant; and that he need have little fear of the consultant taking any undue advantage of the situation, and endeavoring to secure these patients for himself. First of all, the consultant must be an honorable man; next, skilled and experienced in his profession; and if we hold up our end of the bargain there is not much to fear, and the sooner we get the idea out of our heads that somebody is trying to get our patients away from us the better.

The ethical side of the question was brought out. The consultant should be honest to himself, to the physician by whom called, to the patient, in every respect straightforward and honest; a man who at all times and under all circumstances protects the man he is called in to consult with; nor should he say anything which would in any way reflect upon the physician in charge of the case. This should be fairly discussed aside, and not in the presence of patient or friends. Some consultants are prone to talk too freely and plainly to patients, this is not an ethical way of conducting such a case. It is true that the consultant is sometimes illy chosen by the general practitioner. Personal reasons often come in, rather than the question of real worth; those, perhaps, with whom he has political or business relations. Is that the proper consultant, as a rule, to call in? In all justice to the case, that man should be called in who is supposed to have a certain special training and experience along such special lines as will fit the case in hand. The consultant should limit himself to special lines. There are those who claim to be specialists in everything, the eye, ear, gynecology, obstetrics, surgical work, etc., etc. He is called in; patient recovers. The next month the family calls him in to treat a general disease, but that is not the true specialist as he should be. Let the consultant limit himself to something, and not try to be an all-round specialist; he can't be just to the profession which employs him.

DR. DAVIS:—In selecting a subject for a paper, without regard to its scientific character, my object was to select one which would be of general interest, and for that reason this topic was chosen. My idea was not to reflect upon any certain class of practitioners, but to dwell upon and emphasize certain unconscious shortcomings which seem to be prevalent in the experience of all. We all know that our experiences with the consultant are not all as satisfactory as they should be, and no guilt attached to the one in consultation. A mercenary spirit seems to dominate some of these individual, and the only gain or benefit derived in such instances is when a consultant collects his fee. I do not presume to be able to define the much discussed specialist. A specialist is said to be "one who possesses special skill, dexterity and knowledge in any line of research." In doubtful cases where it seems the advice of a specialist is required, we should call in one who makes that part of the body involved a specially, as for instance, the eye or ear. By so doing of course we give him prestige in the case, which give him a wedge to use to the great detriment of the family physician, if he desires to do so. However, this field of specialism is so divided up that it is difficult to say as to what remains for the general practitioner.

Dr. Dwight W. Chase who graduated in 1846 at the Jefferson Medical College (Phila.) and who practised in Delphos, died in Salina on January 18.

AN ACT

CONCERNING RAILROADS AND OTHER COMMON CARRIERS IN THEIR
RELATION TO THE PUBLIC HEALTH AND PROVIDING
PENALTIES FOR THE VIOLATION OF THE
PROVISION OF THE SAME.

Be it enacted by the legislature of the State of Kansas.

Section 1. It shall be unlawful for any railroad company or other common carrier in this state transporting passengers for hire to use, operate or permit the use thereof by its agents, servants or employees upon any line of railway in this state, any passenger car, coach, sleeping car, or other car designed and in use for the transportation of passengers without having caused said car, coach or sleeping car to be thoroughly disinfected and fumigated at terminal stations or other passenger division points on the several lines of railway doing business in this state; such disinfection and fumigation to be thoroughly sufficient and complete to prevent the spread of contagious or infectious diseases; provided that street railway cars and passenger coaches of local railway trains made up in the state and reaching the point of destination within twenty-four hours, shall only be required to be disinfected at such times as the State Board of Health may designate.

Section 2. Such inspection and fumigation may be made by an employee of such railway company under the direction of a physician employed by such company, provided such means and methods used for such disinfection and fumigation shall be approved by the State Board of Health. The employee or physician making such inspection and fumigation shall cause to be posted in a conspicuous place in such car, coach or sleeping car, a certificate under his hand, certifying that said car, coach or sleeping car.

Section 3. It shall be unlawful for any physician or employee to certify to any false certificate, or if any agent, servant or employee of the railway company shall knowingly use any false certificate, or shall use or permit the use of any certificate in any car, coach or sleeping car other than the one in which said certificate was first posted, such act shall be unlawful.

Section 4. The inspection and fumigation herein provided for shall be made at a terminal station or a passenger division point before any car, coach or sleeping car is taken out for the making up of trains, and any time the State Board of Health of Kansas, by its Executive Officer, shall be satisfied that any railway company doing

business in this state is not faithfully complying with the provisions of this act he shall cause any railway car, coach or sleeping car to be quarantined, and it shall be unlawful for any agent, servant or employee of such railway company to thereafter use the same until it is inspected and fumigated as herein provided.

Section 5. It shall be unlawful for any person afflicted with diphtheria, measles, smallpox or scarlet fever, or any person having charge of children suffering from the same, to knowingly enter or take any child in his or her charge into any passenger car, coach or sleeping car, or other car designated and in use for the transportation of passengers in this state.

Section 6. Any person violating any of the provisions of this act shall be guilty of a misdemeanor and on conviction thereof shall be fined in a sum not exceeding Fifty Dollars (\$50.00), or imprisoned in the county jail for a period not exceeding thirty (30) days.

Section 7. This act shall take effect and be in force from and after its publication in the official state paper.

KANSAS STATE BOARD OF HEALTH.

Capital Building, Topeka.

February 13, 1905.

The following contagious and infectious diseases have been reported to this office for the month of January:

DIPHTHERIA.

COUNTY.	CASES.	DEATHS.	COUNTY.	CASES.	DEATHS
Bourbon.....	2	2	Montgomery....	2	0
Brown	2	1	Nemaha	7	1
Cherokee.....	3	2	Wabaunsee.....	1	0
Clay	2	0	Leavenw'th City	18	2
Finney	1	0	Topeka City....	10	2
Graham.....	2	0		—	—
Labette	5	0	Totals....	55	10

SCARLET FEVER.

Brown	3	0	Mitchell.....	6	0
Cherokee.....	2	0	Pawnee.....	1	0
Clay	10	0	Pratt	1	0

COUNTY.	CASES.	DEATHS.	COUNTY.	CASES.	DEATHS.
Cloud	2	0	Rawlins.....	2	1
Crawford.....	5	1	Reno.....	5	0
Douglas.....	1	0	Saline.....	1	0
Elk	6	0	Sedgwick	2	0
Ford.....	15	0	Shawnee	1	1
Harvey.....	2	1	Washington.....	5	1
Lyon.....	3	0	Woodson.....	8	1
Labette	6	0	Leavenw'th City	2	0
Marion	5	1	Topeka City ...	12	1
Marshall	20	1			
McPherson ..	17	0	Totals....	149	9
Meade.....	6	0			

SMALLPOX.

Allen.....	3	0	Marshall.....	3	0
Anderson....	1	0	McPherson....	63	0
Atchison	3	0	Miami.....?		0
Bourbon ...	25	0	Mitchell.....	33	
Brown.....	75	1	Montgomery....	1	0
Cloud.....	2	0	Osborne.....	15	0
Crawford ..	19	0	Pawnee.....	8	0
Ellis	120	1	Pottawatomie...	?	0
Franklin...	23	0	Rawlins.....	41	0
Gove	33	0	Reno.....	22	0
Graham.....	5	0	Rooks.....?		0
Harvey.....	1	0	Russell.....?		0
Jackson....	3	0	Saline.....	32	0
Lyon.....	23	0	Sheridan.....	7	0
Labette.....	4	0	Thomas.....	5	0
Lane.....	12	0	Wabaunsee.....	1	0
Lincoln	25	0	Woodson.....	1	0
Marion ...	101	0	Topeka City	3	0
			Totals....	713	2

TYPHOID FEVER.

Atchison....	1	0	Labette.....	2	1
Cherokee....	1	1	Leavenworth ...	1	0
Crawford ...	2	0	Nemaha	2	1
Hodgman ...	2	0	Thomas	2	0
			Totals.....	13	3

S. J. CRUMBINE, M. D., *Secretary*

The Iowa Medical Journal issued in January a complete directory of the state. It is a valuable work and one which we hope soon to be able to do for Kansas. We think that Dr. Dorr is doing a valuable work for Iowa in making his journal such a representative one.

(Continued from page 85.)

sults, examinations for insurance and glasses (if a plano glass be found over the bad eye it would be important to know from the fitters' records whether the eye was totally blind then or was normal and needed no correction)

Examination. It will be well to remember that partial or total blindness may exist without apparent lesion, *e. g.* toxic amblyopias, early stage of optic atrophy, color blindness, scotoma, hemianopsia, amblyopia ex anopsia and congenital blindness, (fourteen cases of word blindness see Prog. Medicine 1899 Vol. IV and Ophthalmology Vol. I, No. 2.)

The latitude of examination allowed will depend on the kind of case as cited above. In a damage suit before trial the plaintiff's attorney may allow only a superficial examination by an oculist examining for the defendant. In this connection I noticed in a newspaper a few days ago that a district judge had decided that hereafter in cases requiring expert medical testimony, he would appoint the physicians and not allow corporations to call them and pay them as heretofore. It appears to me that it would be fair to both sides if the following plan were adopted: The plaintiff and defendant each have one or two physicians apiece to start with, these choose an odd one and if they agree on the main points at issue their report is accepted as final. If they cannot agree, the testimony of each is taken separately with the balance of power in favor of the odd man. The cost of the examinations would be divided between both sides equally.

Referring to our previous classifications we find that with five degrees of blindness and three different bases for the claim we should have fifteen variations to consider. Probably the first thing to settle would be the basis of the claim. It is assumed that if necessary all the mechanical aids will be used which would be used in determining disease or refractive conditions. With a lesion found the question of its true origin is a question which the past experience of the oculist will have to answer. Some of the tests for vision better than alleged are:

1. Pupillary reactions to light and accommodation (a) direct, (b) consensual.
2. Surprises (a) recovering from general anesthesia, (b) sudden light or feints to strike.
3. Eye movements (a) voluntary (look at hand), (b) involuntary (overcoming prisms).

4. Image fusion with stereoscope or amblyoscope.
5. Image separation:
 - (a) candle beyond bridge of nose.
 - (b) colored lenses and figures.
 - (c) bar reading (pencil, strong sphere, single and double cylinders.)
 - (d) strong prism (center of pupil, etc.)
 - (e) double mirrors (Fles box and modifications.)

The feigning of bilateral total blindness is extremely improbable. Close inspection of the gait and efforts to avoid obstacles may give clues. Surprise tests are of great value and nitrous oxide gas is particularly recommended on account of its almost perfect safety and the fact that the patient is anesthetized and over it in about five minutes. Among other surprise tests the feints to strike with inflatable paper snakes and toys with a scissors extension movement are suggested. These tests may be used on one alleged blind eye if the good eye is excluded from light. Pupillary reactions are quite conclusive, though care must be taken to exclude the possible influence of drugs.

With two supposed blind eyes or testing one eye with the good eye bandaged securely as above, the oculist places the patients' hand in various positions and tells him to look at it. If he is recently blind and willing to do as told the eyes will turn in the right direction (guided by the muscular sense), but a malingerer will look in a different direction.

With one or two supposedly blind eyes, both being held open, with a weak prism before one, in order to avoid diplopia the covered eye will move if it sees fairly well and not at all if blind.

In addition to the above tests, where one eye is supposedly blind the tests based on the fusion and separation of images of the two eyes may be used, cautioning the patient that any attempt to close one eye at a time will be an evidence of bad faith. In making the fusion tests with the stereoscope, allowance must be made for errors of refraction and lack of fusion sense. Among the separation tests the candle test is not of great value. The Fles box and its numerous modifications have the disadvantage of not being simple and readily available. Among bar reading tests the double cylinders are perhaps the most deceptive. Probably the two tests most relied on for the subjective examination and simplest in application are the diplopia test with strong prism over one eye and the colored lenses and figures. In order to increase the efficiency of the prism test I suggest the use of the prism battery as used in

muscle testing. With some of the above tests the degree of acuteness of vision may be estimated for the alleged blind eye but as the patient usually claims that he is totally blind, it is sufficient to disqualify him as a witness to prove that he sees a little.

For more minute details of tests given above see works referred to at the end of this article. My main object was to present the two cases as an incentive for further reports from other sources. I did not find any cases reported in *The Index Medicus*, *Year Books for the Eye, Ear, Nose and Throat*, *Journal A. M. A*, *Ophthalmic Record*, etc., for the past three or four years.

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Examination Free—We confess to a feeling of sympathy to that portion of the public which is allured by the "examination free" advertisement of the charlatan. What the public is willing to pay for is treatment, and very few persons realize that the diagnosis is much more difficult than the treatment. If we were putting as much reading matter before the public as the quacks are, we should have no difficulty in persuading at least a few of them that to pay for a diagnosis is a profitable investment. But under the present circumstances we wonder if it would not be well for the physician to keep his drugs and treatment under his own control and by charging for them secure enough to compensate him for (apparently) "free examinations."

SOCIETY NEWS.

Annual Meeting of the Shawnee County Medical Society.—The Shawnee County Medical Society held its regular annual meeting and election of officers at the parlors of the National Hotel, Monday evening, February 6. The following officers were elected for the ensuing year: President, Dr. E. M. Brockett; Vice President, Dr. O. P. Davis; Secretary, Dr. Frances A. Harper; Treasurer, Dr. J. P. Lewis. The retiring president, Dr. W. A. Wehe, gave the regular annual address.

An elegant "spread" followed the business meeting, in which the doctors and their wives participated. Dr. H. L. Alkire acted as toast master, the following toasts being responded to:

"The doctor as a statesman,".....Dr. L. M. Powell
 "Some stories that might be told,".....Dr. S. G. Stewart
 "Doctor bills and other bills,".....Dr. S. E. Smith
 "What to do when the doctor comes,".....Dr. L. Y. Grubbs
 "The little hut on the hill,".....Dr. N. J. Taylor
 "Practising by machinery,".....D. T. W. Peers
 "Hot chestnuts,".....Dr. B. D. Eastman

Guests of honor present were, Dr. J. H. Brierly, Glasco, Dr. C. S. Huffman, Columbus, Dr. S. S. Glasscock, Kansas City, Kansas.

FRANCES A. HARPER, *Sec'y.*

Our Journal—Please note the increased size of our JOURNAL—and note that the increase is in the reading pages. Now compare the number of *bona fide* pages of *original* contributions in our JOURNAL with that in any journal in the middle West. The man in the editor's chair sees so much of copied stuff and reprints in the medical journals that he wonders if the physicians of Kansas appreciate his effort to bring before them honest contributions to the literature of medicine. It is true that our pages are not filled with epoch making material, but they are filled with discussions of the problems actually facing Kansas physicians—and the men who keep their minds firmly fixed on first principles are those who will succeed.

Atchison County Society has elected C. H. Linley, president; Wiley Jones, vice president; A. B. Chase, secretary; M. T. Dingess, treasurer; and E. P. Pitts, delegate to state society.

New Members of the A. M. A.—The following members of our Society have joined the American Medical Association during the last month: J. T. Axtell, of Newton; Robert Algie, Linn; J. B. Dykes, Lebanon; H. A. Dykes, Lebanon; E. G. Mason, Cawker City; R. R. Riley, Coyville; N. J. Taylor, Berryton.

The Antiphlogistine Company have issued an attractive brochure on the action and effects of antiphlogistine. The colored plates are too little differentiated to be artistically successful. However the points in the booklet as to the methods of application are worth the reading of every man who uses the kaolin preparations.

Cerebro-spinal Meningitis.—Quite the most fatal case of this disease in my knowledge occurred on February 25, when a healthy eighteen months boy was seized in his sleep at noon with convulsions. I was called at half past one and found the pupils dilated, skin livid, axillary temperature apparently normal (due to an error on the part of the nurse; the temperature must have been higher), pulse from 100 to 120. Every 3 or 4 minutes a clonic spasm from head to feet would pass over him. I thought first of intestinal intoxication and asked that he be given a hot soap suds enema—at the same time using per oram calomel one tenth grain every fifteen minutes. After the enema, which was without result, I gave a hot pack for fifteen minutes to relieve the spasms. This failing and since the child could not swallow easily, I gave $\frac{1}{4}$ grain of morphine hypodermically. But in spite of this the spasms became worse and more frequent with extreme opisthotonos. The temperature now registered under the arm 106°. I applied ice to the occiput and spine but without result. Even a hypodermic injection of nitroglycerine and strychnine failed to keep the heart going and the end came at 3:30 p. m. Kernig's sign became pronounced about one half hour after I saw the child. The grandmother, however, says that the child for two nights had been restless and persisted in rising on its knees in the bed. The cephalic cry began about 2:15 and stopped about 3 p. m. The child showed signs of pain when the left mastoid was tapped, but no swelling or ear complications was apparent. Toward the last the left pupil remained very much dilated while the right returned to a medium stage of dilation.

Chemical Diagnoses—The Ohio State Board of Health now examines material for a diagnosis in suspected tuberculosis, diphtheria, and typhoid fever. Mailing covers are furnished druggists in each county, so that physicians can easily obtain them for forwarding the specimens. This is an excellent work and one which we would commend to the department of bacteriology and pathology of our state university.

Politics in New Zealand—Now that monopoly is showing its evils, and grafting has become a fine art, we believe that our Kansas physicians would be delighted as well as helped in reading Dr. Taylor's "Politics in New Zealand"—because it shows the workings of a conservative socialism, such as we are being driven to in the United States. The fact that "Standard Oil" has bought up the Santa Fe as well as the Union Pacific in this state, that "Standard Oil" has smashed the value of the Kansas oil fields, and the fact that nowhere is grafting such a science as in Kansas, all tend to make the study of any method of relief of vital importance to the physicians of Kansas. We would suggest that each one of our readers procure a copy of Dr. C. F. Taylor's (Philadelphia) book and work out the subject for himself. "Our fathers fought and conquered the aristocracy of birth; our brothers in New Zealand have fought and conquered the aristocracy of wealth."

PITTSBURG, KANSAS. Feb. 21, 1905.

George Howard Hoxie, M. D., Editor:

Dear sir:—In a recent issue of your JOURNAL you enumerated the county societies of the state and I notice you left out Crawford county.

It was probably an error or more probably its organization had never been reported to you. We organized quite a nice society in January 1904 with a membership of twenty-five and held several interesting meetings, the last one occurring in March last. For some unknown reason enthusiasm died out and the Crawford County Medical Society exists in name only. Repeated efforts to bring about another meeting has met with dismal failure and if you can suggest a way through the columns of your splendid JOURNAL whereby new life may be infused into our lagging veins the results may be mutually beneficial.

It is gratifying to know that the medical profession of the state is being united into a strong body and I thoroughly appreciate the

efforts of the editor and indorse the stand he has taken to perfect more complete organization.

At present the officers of our society are as follows:

E. O. Sloan, Pittsburg, *President*; A. J. Dodds, Fleming, *Vice-President*; A. C. Graves, Pittsburg, *Treasurer*; and H. B. Caffey, Pittsburg, *Secretary*.

I hope the local profession will be well represented at the Portland meeting of the American Medical Association as attending even one of these meetings will do wonders toward cementing a closer union and fellowship among us. Very truly yours,

HUGH B. CAFFEY, M. D.

ADULTERATED FOOD PRODUCTS AND FOOD STUDIES.

E. F. LADD.

Chemist and Food Commissioner, Fargo, North Dakota, U. S. A., November, 1904.
Abstract from North Dakota Agricultural College, Government Agricultural Experiment Station of North Dakota, Bulletin No. 63.

LIQUOZONE.

This product is largely advertised and sold in North Dakota, and has frequently found its way to our laboratory for analysis. It is made by the Liquid Ozone Company, Chicago. After enumerating fifty diseases for which liquozone is recommended, they add "All diseases that begin with fever—all inflammation, all catarrh in any part of the body, all contagious diseases, all the results of impure or poisoned blood." "We will pay \$1000 to the physician or scientist who discovers a disease germ which liquozone will not kill." "Liquozone, liquid oxygen invariably cures any trouble caused in any way by germs." It will be seen by the last statement an attempt is made to convey the idea that liquozone is liquid oxygen, a ridiculous and false statement. They would have the public believe liquozone a "cure all" for everything, from weak eyes to asthma, pneumonia and piles. In water it will purify it, and prevent typhoid. In milk it will sterilize it, and in beer it prevents fermentation and biliousness.

What is this wonderful product so persistently advertised and lauded by its interested promoters? One sample of liquozone was found to contain a total acidity of 1.34 per cent. of which 1.18 per cent. was in the form of sulfuric and sulfurous acid. The total solids of black liquid residue of acid reaction amounted to 1.82 per cent., and the ash residue to 0.025 per cent. The character of the solid and ash clearly indicate free acid. Other samples examined by us have shown an acid content of as high as 1.73 per cent., indicating that the product is not by any means uniform in its composition. The free use of any product containing this amount of uncombined sulfuric and sulfurous acid cannot be looked upon as wholly with-

out possible harmful effect upon the human system. The public will do well to use such products only upon the advice of the family physician.

A CASE OF PNEUMONIA FOLLOWING SEVERE TYPHOID—RECOVERY.

"J. B. W. White, male, age 30 years, was recovering from a severe case of typhoid. On the 36th day his temperature was normal. On the 39th day it again began to rise and in a few days had reached 104.5° , the pulse 140. A severe cough and consolidation of the right lung told the story of a complicating pneumonia. After the long and severe drain upon his resources incident to the typhoid his condition presented a very alarming, not say, desperate situation.

Counsel was called and it was decided that his only hope lay in the generous use of Antiphlogistine. A 'Large' package was secured and heated by placing the sealed can in hot water. The temperature of the room was brought up to about 80° . A cotton lined cheese-cloth jacket, open upon the shoulders and in front was prepared and warmed. Uncovering the patient's thorax, Antiphlogistine as hot as could be borne was spread upon the skin about $\frac{1}{2}$ inch thick over as much of the thoracic walls as could be reached (back, front, side and over the shoulder.) This was covered with the jacket. Turning the patient over, the other side was dressed in the same way. The jacket was then drawn together over the shoulders and down the front with stout thread. It is proper to say the entire contents of the $34\frac{1}{2}$ oz. package (Large) was used for the one dressing.

The effect was surprisingly prompt. In a few hours, the temperature had declined to a point of safety and the pulse to 120. A similar dressing was applied fresh every 24 hours. The improvement was steady and marked and in six days the patient was again convalescent, thanks to Antiphlogistine.

The brilliant outcome in this case taught me the importance of careful attention to detail in the use of Antiphlogistine. Like every thing else worth while it must be properly used if the best results are to be obtained."

For Sale—An established medical and surgical practice of eleven years. For particulars address with stamp, 806 D St., Perry, O. T.

"Hagee's Cordial Cod Liver Oil Compound is very highly recommended for all cases of lung trouble, as a restorative in children as well as adults, after pneumonia and la grippe. In bronchitis in old people it is excellent. It is palatable, easily assimilated, and is a good tissue builder. Often where other preparations of cod liver oil have been taken without the least benefit, Hagee's will be found to do the work."—*The Kansas City Medical Index-Lancet.*

The State Society Meets in Wichita May 3, 4 and 5.

The Journal

OF

The Kansas Medical Society

OFFICERS OF THE SOCIETY:

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E. T. SHELLEY, *Atchison, Vice-President.*

L. H. MUNN, *Topeka, Treasurer.*

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4. O. J. FURST, *Peabody.*

6. C. E. McCARTY, *Dodge City.*

Volume V

April 1, 1905

Number 4

THE COMING STATE MEETING.

J. N. M'CORMACK, M. D.

National Organizer of the American Medical Association.
Bowling Green, Kentucky.

It has been my privilege within the last four years—and I esteem it to have been a great one—to attend the meetings and to make a careful study of the proceeding and the methods of nearly all of the state societies in the United States. The meetings in some states were so interesting and profitable and in others so barren of practical results as to make the causes for this disparity an interesting subject for investigation, especially at the available material and personnel for the program usually seemed to be about equally abundant.

The success of these meetings is so important at the present stage of the organization work, and is so dependent on the forethought and efficiency of president, secretary, committee on scientific work, committee of arrangements, councilors and other officers, that it seems proper for me, in the light of an experience which has

not before been possible to any other person, to offer some suggestions for the consideration of those charged with such important duties during the transition from the old to the new plan of organization. As practically all but three of these societies are now operating under the uniform plan, my suggestions will be directed more especially to methods adapted to work under it.

The secretary, councilors and committee on scientific work should have begun the preparation for the next annual program from the adjournment of the last meeting. If they have kept in close touch with their county societies, through the abundant agencies provided in the by-laws, and have made these the active bodies and feeders they were intended to be, and have stimulated members to present their best work there, in the way of postgraduate and original investigations, as well as set papers and discussions, and have followed these up during the year, it will be largely a question of selection to get the best of these for their programs, revised and revamped as the result of the criticism to which they were subjected in the home society. These should be grouped into symposia, as far as practicable, and those who are to take part in the discussions should be prepared for crisp, brief and well digested talks, to be followed by free general discussion, strictly limited as to time and kept well in hand by the presiding officer and the "master of debate," selected from the committee on scientific work. This assistant to the secretary should be on the alert, constantly but unobtrusively, to see that those who are to take part in the discussions are in place and ready for the duties assigned them. Promising younger members who have been especially active in their county societies should be encouraged by being given places on the program for both papers and set discussions. A sharp lookout should be kept for such young men at all times in the proceedings of both the county and state meetings. *No one should ever be put on the program who failed from any cause except illness to fill any part assigned to him at the last meeting,* and the rule should be given prominence on the printed program. Two ushers should be on hand constantly to see that members and visitors are seated, and especial attention should be given to such older members as are in the habit of grouping themselves together in the rear of the hall and disturbing the proceedings by loud conversation and other unseemly practices.

With such a program and arrangements, and freed from the time-consuming parliamentary and business discussions, and the duty of electing the officers, the general meeting can in the future devote its entire time to scientific work. Under a model program,

of which I have seen several in operation, the invocation, address of welcome and response should be followed by the first symposium within twenty minutes after the meeting has been called to order, and papers and discussions should follow from hour to hour and from day to day until the program has been completed without an intervening motion, unless it be some motion directly connected with the scientific work. A motion on any other subject should, of course, go to the house of delegates at once and without debate.

No exhibit should ever be permitted about the hall or its approaches, and the contracts should always require that they be closed during the hour of meeting. Nothing unethical should even be considered for the exhibit rooms, and probably nothing should be admitted which is not advertised in the JOURNAL.

The duties of the house of delegates are so well defined in the constitution and by-laws as to require little elaboration. Its program should be entirely distinct from that of the general meeting, following it in the same leaflet, for the information and guidance of all members. Its first meeting should be held in the afternoon of the day preceding that fixed for the general meeting. By holding an afternoon and evening session thus in advance its business may usually be so shaped as to enable delegates to attend nearly all of the scientific meetings. Its hall may be much smaller, but should have convenient rooms for committees and should be sufficiently remote from the hall assigned to the general meeting to prevent interruption, should it be necessary, for any reason, for both bodies to be in session at the same time. The importance of these details should be impressed on the committee of arrangements long in advance, as much of the comfort and success of the session will depend on the attention given to them.

At least one session should be devoted to the discussion of the status and enforcement of the medical and health laws of the state. The state board of health and the state board of medical examiners, or delegates from these bodies, should be invited to be present and take part in these discussions, with the view of securing the harmony and concert of action so essential in procuring and enforcing proper legislation. Through the delegates, detailed reports should be heard as to the condition and needs of the profession in each county, supplemented by suggestions and recommendations from the councilor of the district. To do all these things, in addition to the manifold other duties imposed by the by-laws, it may sometimes be necessary for the house to sit on the second or third day

while the general meeting is in session, but this should be avoided if possible, even if it is necessary to remain in session for a day after the larger meeting has adjourned. As this body will grow in importance and occupy more and more time as the methods for the enforcement of medical and health laws are perfected, no one should accept the office of delegate who will not devote himself to the work set for him and remain each year until it is completed.

Meetings conducted on the plans here outlined are pleasant and successful almost beyond the conception of those who are only familiar with the methods of the old societies. As soon as the possibilities within reach under them are fully realized they will attract the attention and command the respect of all those interested in scientific medicine in every state, and give satisfaction to all except the few politicians and senior wranglers who could talk endlessly on parliamentary or business questions under the old regime, without effort or preparation.—*Journal A. M. A.*

THE WICHITA MEETING

The meeting will be held in Hartman's new dancing hall on the corner of Lawrence and Williams streets. This is a very fine large hall, 110 feet long, 50 feet wide and four adjacent rooms for other purposes. The local committee here has arranged for a smoker at the hall on Thursday evening.

Wednesday morning interesting surgical clinics will be given at both St. Francis and Wichita hospitals by the local surgeons between 9 a. m. and 12 m. In the afternoon on Wednesday we expect to have one of the most interesting features of the meeting, a general clinical exhibition of cases and short clinical talks which we think will be specially interesting to the general practitioner.

The committee has made application for one fare plus 50 cents but has not received a reply as yet. J. F. GSELL, *Chairman*

EMBRYOS—METHODS OF TREATMENT.*

IRVING HARDESTY, PH. D.

University of California.

[In view of the good advice given in the following extract, we present it to our readers in the hope that they will collect embryos

*From *Neurological Technique* by this author, published by the University of Chicago.

and send them to the one Kansas embryologist, Prof. C. E. McClung at Lawrence; who is even now conducting researches as to sex determination and the similar problems of embryology. If our readers will only interest themselves a little, Kansas may lead here as in other branches of science.—EDITOR.]

The most valuable embryonic material, and that most desired by neurologists, is that of the human subject. As yet our knowledge is badly deficient concerning many points in the development of the human embryo, and especially so concerning some of the early stages. This is due, of course, to the difficulty with which human material is obtained.

Opportunities to obtain human embryos are offered almost exclusively to the physicians, and quite often these opportunities are sadly neglected. Most often, perhaps, the material is not saved, either because the physician does not realize its value, or because he does not know how to treat it or is not prepared to do so.

Most of the fluids recommended in the books for the fixation of embryos contain ingredients which the physician not only does not usually have in his office, but which are not obtainable from the stock of the ordinary drug store.

The object of these suggestions, therefore, is not to give such fluids and procedure as are considered absolutely the best by the embryologists for the fixation and preservation of embryos, but to mention such efficient fixing fluids as the physician can easily obtain from his druggist or can quickly make up from his own stock of drugs, and which allow as much latitude as possible in the subsequent treatment for the preservation of the specimens.

It is presumable that every physician has, or can quickly obtain, the *bichloride of mercury*, *potassium bichlorate*, commercial 40 per cent. *formaldehyde*, *chloroform*, *acetic acid*, strong commercial *alcohol* and *distilled water*. From these reagents he can make the following excellent and inexpensive fixing fluids:

A. *Van Gehuchten's fluid*.—

Strong alcohol (absolute preferably), 6 parts

Chloroform, 3 parts.

Acetic acid (glacial or concentrated), 1 part.

Use in tightly closed vessel.

After 6-24 hours of fixation in this fluid the specimen should be transferred to 80 per cent. alcohol, or commercial alcohol (95 per

cent.) to which has been added about one-fourth its volume of distilled water. In this it may remain indefinitely.

B. *Zenker's fluid*.—

To each 100 cc. of distilled water
add 5 g. of mercuric bichloride,
5 cc. of acetic acid (glacial or conc.);
2 g. of potassium bichromate.

When first devised (1849), this fluid was made by dissolving 5 per cent. of mercuric bichloride and 5 per cent. of glacial acetic acid in the required amount of Muller's fluid (XI, A, p. 69). If Muller's fluid be had already made up, this will be the quickest way of making Zenker's fluid. The sodium sulphate called for in the formula for Muller's fluid is now considered unnecessary in Zenker's fluid but it does no harm. In other respects it will be seen that the mixture is the same.

Zenker's fluid has excellent penetrating powers, and therefore may be used with larger objects than expedient with Van Gehuchten's fluid. It is also one of the very best fixing agents for general histological purposes.

Several days in the fluid does not usually injure the tissue, but it is thought best to remove it after 12-24 hours. Wash in water and then with an iodine solution to remove the crystals and then preserve in 70 per cent. or 80 per cent. alcohol.

C. *Lavdowsky's mixture* (modified).—

Distilled water, 40 volumes.
95 per cent. alcohol (com.), 50 volumes.
40 per cent. formaldehyde (com.), 10 volumes.
Acetic acid (glacial or conc.) 2 volumes.

It will be seen that this mixture consists of weak alcohol to which has been added 10 per cent. of formaldehyde and about 2 per cent. of acetic acid. The alcohol tends to counteract the swelling effects of the other two ingredients. The mixture penetrates and fixes well. Material may remain in it indefinitely, but it is thought better to transfer it to 70 per cent. alcohol after 24-48 hours. It needs no special preliminary washing.

D. *10 per cent. formalin*.

All of the above fluids keep well, and may be made up in quantity and kept in stock. Bottles containing them should have tightly fitting stoppers to prevent dilution by evaporation. It is recommended that either the fluids themselves or the reagents for making them be kept on hand, so that, when a specimen is obtained, it

may be subjected to the fixing fluid with as little delay as possible.

It is also advised that wide-mouthed bottles of various sizes be kept on hand. The ordinary 3 oz. quinine bottle will be found excellent for the smaller embryos, and fruit jars of $\frac{1}{2}$ pint, 1 pint, and 1 quart sizes will do for the larger foetuses.

REMOVAL AND FIXATION.

In case of the smaller embryos (3-5 mm. in length), carefully open the *chorion* before placing them in the fixing fluid. When the embryo is located, a portion of the *chorion* may be removed and openings made in the *amnion* so that the fluid may directly come in contact with the specimen.

If there is reason to believe the embryo is less than 2 mm. in length, it is necessary to proceed with much caution. Examine the specimen under a lens, either in its own fluid or in a watch-glass of physiological salt solution, and if there is reason to believe that the stage of the infolding of the blastoderm is not yet complete, place the whole specimen directly in the fixing fluid. In this case the specimen will be quite small.

If, on the other hand, the *chorion* with its *villi* seem to surround the specimen apparently forming a ciliated sphere, and still there is reason to believe that the embryo is less than 3 mm. in length, simply make small openings in the *chorion* to allow the free entrance of the fluid. Place the whole in a copious amount of the fixing fluid and change the fluid after 1-2 hours.

The smaller human embryos are the most difficult to obtain, and so are the most rare and most desired. So far the human embryos on record which have been obtained of lengths less than 2 mm. (less than 10 days) are very few.

Embryos of more than 5 mm. in length will safely allow both the *chorion* and the *amnion* to be removed. The *allantois* at this stage has become a part of the *umbilical cord*. In removing the *amnion*, leave the *umbilical cord* attached to the embryo, so that the embryo may be handled by means of it.

The length of an embryo, roughly speaking, is the length of a straight line passing through its longest axis. This measurement, therefore, does not include either of the flexed ends, although in the stages from 3 to 6 weeks considerable of the actual length is represented in the flexures. To measure the smaller embryos it will be safer to lay the embryo on the scale rather than the scale on the embryo. Measurement of the smallest should be postponed till after fixation.

Society Membership.—Of 23 physicians in Iola (in directory) 5 are in the state society. Ottawa has 17 physicians with 3 members. Parsons has 23 and but 2 members. Pittsburg has 29 with only 5 members.

Naval Medical Corps—There are 37 vacancies in the position of assistant surgeon in the navy. Kansas has at present no representative among the 200 medical officers of the navy. Assistant surgeons rank as lieutenants and receive \$1496 per annum for shore duty and \$1760 while at sea, with allowance of \$228 for rent of quarters when such are not furnished by the government. Candidates for the position must be between 21 and 30 years of age. Candidates should write their congressmen for further information.

The New York Water Purifying Company seems to be working the physicians of our state for money to run their business. Two or three different men have mentioned the fact that circular letters have been sent them from Rochester, N. Y., together with a personal letter from an officer in one of our district societies who used the society stationery on which to recommend the water still. We hope that the investment is a good one. From the comments of Dr. M—— we believe that the last ones in will have a sorry time.

The University of Kansas medical school seems to be a reality. The present medical schools of Kansas City have generously recognized the fact that its coming was inevitable (that the day of the private medical school is past), and are joining hands with Chancellor Strong in working out the plans for a successful school at Rosedale. The outlook is favorable for beginning operations September 1905. The University will seek the services of every good man on the ground and where good instructors cannot be obtained from Kansas, men will be sought elsewhere.

The House of Delegates at the Wichita meeting will consist, so far as your editor can ascertain, of 35 members. (County officers should look over the list of county societies in this issue and note any additions or corrections). This small body (the house of delegates) ought to be able to expedite business matters and yet do nothing hastily. We hope that the house will not tinker with the constitution, but will use its great powers to redistrict the state and give the society a permanent business office and management. If in connection with the JOURNAL a missionary should be employed it might meet the needs portrayed by Dr. Shelley in another column. It will pay every reader to go to Wichita (May 3-5).

THE PHYSICIAN AS A BUSINESS MAN.*

J. T. AXTELL, M D.,

Newton, Kansas.

Unkind critics might wonder if a physician is ever a business man, and it is too true that most physicians are lacking in business ability. A practice is too apt to be conducted in anything but a business method. This is the season of the year for taking stock, making invoices, correcting faulty methods, and arranging better plans for the future; it might be well for physicians to look over their business methods, take and give hints for their mutual improvement.

Some one has classed the workers of the world as laborers, tradesmen and servants, to the latter class along with teachers, preachers, etc., belongs the physician. He depends upon the public to wish and to hire his services. He is limited on the one hand by the number who may wish to hire him and on the other hand, by the number he can serve in a given length of time.

Physicians are usually impressed with the belief that an appearance of great prosperity and the show of being extremely busy is an important method of increasing their business and income, and to a certain extent this is no doubt true, but it also has its drawbacks. A man may be a dead beat, and you may say he never pays his bills but this is not quite true. He pays some of his bills and he pays first those who ask him for money, or who insist upon having money when the service is rendered. He puts off those whom he can put off and often it is the one whom he thinks has plenty and does not need it who does without.

It is proverbial that doctors are poor collectors, the wish to appear prosperous sometimes leads a physician when asked for his bill by a patient to say "Oh, never mind that now, we'll fix that up some other time" or some such answer, this leads the patient to think it does not matter at all and the subject is dismissed from his mind with no definite time for payment fixed and the result often is that the doctor needs the money, may even have to borrow to meet his own business obligations to men having more business ability than himself. What the physician should do and what any business man would do is to fix then and there a settlement. This can be

*Read before the Golden Belt Medical Society at Hope, Kansas, Jan 5, 1905.

done without seeming to crowd the matter, but just as if it was your due and you naturally expected it. You should not fail to show your appreciation of his promptness, you do need the money, you can use it as you think to good advantage, and it is much better to let your patient know it.

In the matter of making your charge there is a right and a wrong way. When Mr. Brown says "Doctor, how much do I owe you for that call you made?" you should not in a hesitating and reluctant way say, "Well I guess I will have to charge you about five dollars for that call, it looks pretty big but the roads were bad, etc.," or some other excuse. In this way you simply invite him to question your bill. You would better simply say, "That will be five dollars, Mr. Brown. I hope everything will be all right now. Thank you, come and let me know how they are the next time you are in."

In this way you will usually have no question as to whether it is a big price or not. If he does question it you should be prepared to show him that it is your usual charge or the usual charge of the other doctors for a similar service. To this end it is all important that county societies should be organized where a committee may submit a list of the charges usually made and let the matter be thoroughly discussed at more than one meeting if necessary. Then let some one physician have printed a fee bill for himself, copies of which may be sold to the others at the cost of printing and let each one adopt for himself this fee bill and adhere to it. This avoids the legal technicality of the trust laws and insures a more uniform rate for all. It is not a benefit to get the name of being a cheap doctor any more than it is to have the name of being an extortionist or money grabber, the one will bring you a poor class of patients and of cases, while the other makes you avoided except in emergencies. The public will have something to say as to the value of your services no matter what you may think. It is your business not only to make your services valuable, but you may help people to believe they are valuable. For instance you can show that your charge for saving a life is not greater than would have been the bill of the undertaker. Most people believe that a family physician receives much more than he really does. At the rates usually charged in the country the man who collects \$3,000 in cash in one year is working harder than he will be able to work many years. He is about at the limit of human endurance, backed up by several good horses. His expenses for medicines, horses and buggies, new instruments and new books, and the style of living he must adopt will cut this down until he will have little or none left for investment. The doc-

tor who hires a livery horse, goes out five miles in the country and charges \$3.00 for his trip will probably pay \$1.50 for the use of the rig. He therefore puts his time, knowledge and skill on a par with a \$40.00 livery horse.

It is an absolute fact that very few men have laid up any money out of a general practice in the last fifteen years. The man who has made any money has usually done it through outside business investments.

This leads us to consider what, if anything, a doctor can do outside of the practice of medicine and this is an extremely delicate subject. The people are very jealous of their doctors. They like a doctor to do nothing whatever but to attend them and if one can be satisfied with such a life doubtless it would be best. Certain it is that there is great danger of a physician dividing his time or attention.

Teachers seldom stick to their employment very many years and statistics show that only a small per cent of physicians who graduate are making a living practicing medicine.

It is also true that a man who succeeds at one kind of business will usually succeed at a number of other things. It is a mistake to think that a man can know but one thing. One becomes very narrow if his studies are all in one direction. On the other hand it is to be remembered that the literature on medical subjects has greatly increased in the last few years until one mind can scarcely cover every division of medicine and specialties are becoming more popular. This gives a chance for shorter hours at one kind of work and even a change of work brings rest. One must have some form of recreation if he wishes to live long and be happy. His successful working years will be short, younger men will soon take his place and he must lay up a competency for his old age and for his family.

His individual efforts are very limited and if he would accomplish much he must put his savings to work. Now with these limitations what can he do?

For obvious reasons lending your money to patients would be just the wrong thing to do. Many patients invest in drug stocks and this seems in line with one's work and may be all right, but experience in Kansas has shown that it little, if any more, than makes a living for the druggist and the tendency of the times is for the manufacturing chemist to take the place of the local druggist. You can buy almost any preparation you want cheaper than your local druggist can make it. My own experience and that of most

of my friends who have tried it is against owning a drug store. If you have sufficient help it is better to carry such drugs as you use in your office. This gives you the best part of your drug trade at much less expense.

Investments in land are safe but yield a small per cent of income. If you wish some recreation with your investment, nothing could be pleasanter than raising some kind of pure bred stock on a farm near your office as possible. Telephone connections allow you to reach your office in a few minutes for all important calls. An hour or two a day spent in this way in anything you are interested in, will improve your digestion, smooth the wrinkles from your brow, renew your youth and give the world a very different color to you. It is certainly preferable to spending the same amount of time in gossip, card playing or throwing horse shoes.

Its disadvantages are that it is an uncertain financial venture and if at all extensive makes you a shining mark for shysters. A surgeon should own nothing in his own name. He may keep himself insured but the insurance companies are chiefly trying to get up a policy which will not hold them liable. A man with the appearance of prosperity seldom gets justice before a jury with a miserable pauper nursing a grievance. The average jurymen thinks it his duty to even things up a little without any reference to the merits of the case.

Investments in mining and oil stock show so small a per cent of success that it is like betting on the other man's game.

Probably the safest and least objectionable investment is life insurance. An old line company should be considered a savings bank where you can deposit your earnings and at the same time insure a competency for your family in case you, the bread winner, are taken away from them. More estates are left solvent by life insurance than by almost any other way. Your insurance is not taxed, it is not subject to mal-practice judgments, it is an unostentatious way of holding a competency without arousing the envy of competitors and becoming the mark of snitches. The percentage of loss through life insurance companies has been very small indeed.

Physicians themselves are no doubt largely to blame for the restrictions put upon them by their patients, and by insisting on having time for proper recreation would no doubt overcome in time the popular prejudice.

In the matter of dress we are already more like other men. The silk hat and Prince Albert coat are no longer sure signs of a physician or a gambler.

It is all very well to talk about not practising for the money that is in it and of giving one's life to the work, etc., but the average doctor has more than one life depending on him and the sooner the practice of medicine becomes a business the better for all concerned.

It is a mistake to think the doctor is in duty bound to attend every call whether there is any prospect of a fee or not. No business man does such a thing. It is making the doctor carry too large a share of the charity of this world. A man has no more right to demand your time and medicine when he is sick than he has to demand his groceries. No grocer feels in duty bound to empty his shelves to any dead beat that might take a fancy to him or them.

Public taxes should pay the doctor for pauper practice and this will be done just as soon as doctors by county organization demand it.

There exists a large class of people who systematically work the doctors. They stay with one man until he is tired of working for nothing, then they move on to the next one and usually abuse the one just left. To our shame we must admit that they usually succeed in finding a new sucker whenever they wish. The remedy is a dead beat list in every county society. When a man has failed to make satisfactory settlement to any one or two doctors let his name be put on the list. Then every physician should say to such a man "your credit is not very good with the doctors, are you prepared to pay for this call or this medicine?" The result is he will pay.

Another error in business methods is in making the well-to-do pay the bills of the poor. In other words having one price to a rich man and another to a poor man. This is not done by any other business man and should not be by the doctor. A man should be told that his bill is so much. If for business reasons you think it more prudent to take part of the bill rather than lose the whole you may do so but give him to understand you are giving the balance.

One of the very worst business errors is try to build up your practice or reputation by running down your colleague. Nothing is surer to fail and to bring disaster than this. It is always money in your pocket to uphold every member of the profession. You are fouling your own nest and fighting against your own interest when you help in any way to injure another doctor. Closer social intercourse with the other doctors is the best cure for this trouble. You will find they are not so bad after all.

The relation of the family physician to his patients should be pre-eminently one of a true friend and adviser to the whole family. There should be no "ideals" and no bargainings and no haggling.

The family should know that you are working for its best interest financially as well as every other way. They should know that you would not take the slightest advantage of their ignorance of things which are plain to you and to the credit of the medical profession it may truly be said that seldom or never is the trust of a family ever betrayed by its physician.

Recapitulation:

1. Doctors are poor business men.
 2. Few doctors accumulate much in a practice of medicine.
 3. Doctors should not shoulder all the charity.
 4. Their earnings may be made much greater by better business methods.
 5. To accumulate a doctor must invest his earnings.
 6. An appearance of wealth is to be avoided, especially by surgeons.
 7. Farming and stock raising are more of a recreation than safe investments.
 8. Life insurance is perhaps the safest investment.
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THE NEED OF ORGANIZATION.

The petty strifes among physicians are proverbial and they cause more discomfort than perhaps even the greatest woes to which physicians are subject. They are more annoying than low fees and cut rates. It is right here in overcoming these annoyances that efficient organization ought to be of immense value. Now it has been the peculiar experience of the writer that the men who have been loudest in demanding "ethics" and who have sought (and frequently obtained) the presidency of our county societies are the very ones who are so filled with envy and malice that they become simple nuisances to the profession of their neighborhood. Some times such a "doctor" will even use the newspapers to vent his spite. We remember a case six months ago where a surgeon had operated (for other physicians and at their urgent request) on several moribund patients, and, of course, the patients died. His competitor could not forbear stating in the daily press that he "had lost no cases of appendicitis." Of course among the unthinking part of the laity the former surgeon suffered and the writer knows of one

or two patients who for this reputation refused to have him.

Again, in a recent typhoid epidemic where there were some twelve cases of the real thing, this same public spirited (?) individual proceeded to interview all the physicians in the town who had no typhoid and then the following appeared in a local paper:

"Within the past ten days there has prevailed a typhoid fever scare and owing to the fact that the majority of the cases have been among the students the news has spread to all parts of the state and has caused apprehension among the parents of the students who are writing for them to come home at once.

"Upon investigation it has been found that as many as nine of the physicians of the city who have fever cases, report no typhoid fever, and so far as learned there has been in no case a positive response to the Widal reaction. The fever which is prevalent the doctors say, is a remittent fever plus a bilious condition from which the patient usually recovers in from five to ten days. This same fever prevailed before and after the holidays but there was no scare or cause for alarm then and there should be none at this time."

Now the facts are that one patient died of the disease and four physicians had agreed on the diagnosis. Six others (and those in the practice of the man against whom the attack was specially aimed) had shown positive reaction to the the Widal test, and the others had been seen by enough physicians to insure the correctness of the diagnosis. The physicians who were doing the work were just as anxious as anybody to avoid a "scare," but believed that the San Francisco plague method was not the one best adapted to the case. The result of the activity of the aforementioned "leading physician" was that the men who had the typhoid were compelled to take the defensive in personal attacks, and the popular respect for the profession in that town was decidedly lessened—aside from any pecuniary loss to the physicians attacked.

We confess that we do not yet see clearly the solution of the problem. The millenium is not yet here and man is still unregenerate. The irritant member of the profession in the above cases will probably continue to practise medicine and maligning for many years as will his like in the other towns. Nevertheless we believe that organization will come nearer to remedying this evil than anything else, because it will bring physicians together and let the decent men know each other, it will set higher standards of conduct and education, and it will tend to eliminate from active practice the unworthy members of the profession. So let us take courage, meet our brothers half way, be "square," and seek to build up a professional organization which will gradually eradicate the evils.

John F. Lesh, M. D., died from heart disease at Seneca, Feb. 23. He graduated at the University of Pennsylvania in 1876.

Walter T. McCoy, M. D., was killed by a train near Partridge on Feb. 28. He was 48 years old having graduated in Baltimore in 1885.

A. M. A.—The following Kansans have joined the A. M. A.: A. G. Anderson, Salina; W. E. Bartlett, Belle Plaine; S. H. Brooks, Mound City; J. C. Klepinger, Herington; L. O. Nordstrom, Assaria; Frank Peat, Pratt.

Texas.—The profession lost out recently in Texas in their effort to secure the passage of a law which would be of some real benefit to the people. Nevertheless Dr. Daniel, the president of the state society, is going to keep up the fight and has called a mass meeting of the physicians to consider the matter.

Atchison County—A large and enthusiastic meeting of the Atchison county physicians and druggists was held on the evening of March 14. The proper relationship which the two professions should hold toward each other was thoroughly and candidly discussed, nearly every one taking part. Romanta Wells of Kansas City, the southwestern representative of the National Association of Retail Druggists, opened the discussion. Lunch, punch and cigars comprised the concluding feature of the evening.

"In several Instances, I have mistaken typhoid fever in its incipency for appendicitis, and I have also seen the two conditions co-exist.—Dr. Osler writes, 'as typhoid patients bear operation well, it is better to err in favor of surgery than to let valuable time be lost in waiting for further confirmatory evidence; and again, in doubtful cases give the patient the benefit of the doubt and operate.'"—Dr. Hugh M. Taylor in *The New York Medical Journal* for Feb. 25, 1905.

Imitation.—If anything would lead us to discard the imitations of antiphlogistine and use only the original (although it be higher in price) article, the little booklet just gotten out by the Denver Chemical Co., would do so. It is rich. Shakespeare and the poets do duty; his satanic majesty is also called upon; and then an address *ad hominem* is used. "There are those in the path of business life who bask their spotted skins in fortune's sun, and sting whom e'er they touch."

INJURIES TO THE EYE.*

J. W. MAY, M. D.,

Kansas City, Kansas.

In choosing this subject for a paper, I do so, not in the hope of advancing any new ideas, but to report one or two cases which to me were very interesting. Of all the affections of the eye with which the general practitioner has to deal (and this society is made up largely of this class of physicians) injuries to the eye are among the most common. There is nothing that will bring a patient to a physician quicker than an injury to or a foreign body in the eye. Except in cities, the general practitioner usually sees the case first, and to him is due, in a large measure, whether good or bad, the outcome of the case. I shall not take up your time discussing injuries to the eyelid which must be treated from a surgical standpoint. Injuries to the cornea are by far the most common affection, since it is nearly always exposed and of so delicate construction that it is easily wounded. The diagnosis of foreign bodies in the cornea is usually easily made, but in some cases it is very difficult and takes the most diligent search with the reflected light and ophthalmoscope to reveal its hiding place. This is especially true with small particles of steel which have become imbedded in the cornea and are so nearly the color of the pigment spots in the iris. I have no new method for removing foreign bodies, but take a rather blunt spud after cocainizing the eye and lift it out. This can be done if the particle is not imbedded. When it is imbedded, I use a decision cataract knife for their removal. This is a very small knife in a shape of a spear. I try to get the point of the knife under the foreign body and with the least destruction possible to the cornea lift it out.

After removal, I always try to sterilize the wound with bichloride solution, 1 to 5000, argyrol, 15 per cent, or some other antiseptic solution. It is always well to tell the patient that there is a depression where this particle was and the eye will feel rough until nature has healed it. I have had patients come to me in quite a number of instances, thinking the foreign body had not been removed, when, in truth, all that was there was a small depression. The cornea is very prone to infection; therefore, the instruments

*Read before the First District Society, Oct. 11, 1904.

used in the removal of foreign bodies should be very clean. The method I use is this: Dip the instrument in pure carbolic acid for a few seconds, then in alcohol, then distilled water. Ulceration frequently follows injuries to the cornea and should be guarded against by all possible means. I have a case in mind which illustrates how easily the cornea becomes infected. Mr. R. consulted me September 3, 1904. He had injured his eye three days before by having the point of a blade of cornstalk slightly puncture the cornea a little below the margin of the pupil. When I first saw him he had all the symptoms of infected ulcer which had progressed almost to perforation. Treated him with cautery, atropine and antiseptics and recovery took place in about ten days with a resulting small scar. The case of which I wish to speak, and the one which gave me the inspiration for the paper is this: January 12, 1904, at 2 p. m., Mr. C., a carpenter, an employee of one of the packing houses, who, one hour before, was driving a rusty, ten-penny nail, broke it about the middle and a portion struck him a slanting blow on the cornea near the central part and extending to the sclero-corneal margin.

I have my doubts as to the ciliary body being injured. The nail perforated the cornea and iris, and entered the lens. The patient had removed it before I saw him and was almost in a state of nervous collapse. The cornea presented a large gaping wound with small particles of debris along the margin. The iris did not protrude through the opening. Lens opaque. I cleaned up the wound with antiseptics, then cauterized with carbolic acid, 95 per cent. Put on a light dressing and sent him to Bethany hospital. Saw patient next morning at 9 a. m.. Wound open and discharging pus; lids and conjunctiva greatly swollen and congested; tension, of course, reduced to nothing. The iris was drawn down and attached to the lens in its entire circumference. To this alone I attribute the saving of the eye, which, of course, was sightless, for if the pus had entered the vitreous, certain destruction of the eye would have resulted. I advised the removal of the eye at once. The patient would not think of it and wanted the eye ball saved if possible. I told him the danger of losing the other eye and he was willing to take the chance. Of course, if he had become sightless in both eyes, I would have received the blame. On suggestion of another physician, I made some tubes by boiling gelatin and iodoform together, let it harden, then cut it into thin strips. I opened the wound in the cornea twice daily and placed a tube of the iodoform jelly into the anterior chamber. I discarded this treatment after using it four days with apparently no benefit. Was using hot applications, atropine, 4 grains to the ounce and bi-chloride, 1 to 5000 in addition to the iodoform jelly. After discarding the iodoform, I injected a 12 per cent solution of argyrol into the anterior chamber twice daily for four days, with probably some benefit. After about nine days' treatment, the swelling and discharge commenced to

subside. After about eighteen days' treatment, the discharge had entirely stopped and I let the cornea heal; discharged patient after a total of four weeks' treatment. He now has a fairly good looking eye and not painful, but of course, it has a large scar, extending from beyond the central part to the edge of the cornea. Now, if he should lose his good eye from any cause, it might be possible to give him some vision in the diseased eye by an operation consisting of removal of the lens (cataract extraction), and by doing an iridectomy, making an artificial pupil above the scar. His perception and projection of light is good, showing that it would be possible to give him some vision. I would not think of doing an operation upon his eye now, as it might set up an inflammation that would result in losing both of them. I think you will agree with me that the best thing to do is to let well enough alone. In this case I made up my mind several times to enucleate the eye, but I always put it off. I have another interesting case, of which I merely wish to speak. Was examining a patient for some trouble foreign to his eye. Happened to look into his eye and found two pieces of steel lying in anterior chamber on the lower margin of the iris about one-sixteenth of an inch from the pupillary margin. He said they had been there for seven years and had given him no trouble. The oculist who treated him at the time told him he would lose the eye (that was before the Haab magnet was used in this part of the country), and I would have told him the same thing, had he consulted me at that time, but the foreign bodies gave him no trouble. The iris reacts to light and accommodation and his vision is not impaired.

These cases seem to me to be out of the ordinary and if this paper will bring out a spirited discussion I will be greatly pleased and think that a little something has been accomplished.

RADICAL OPERATION FOR HERNIA.

S. M'KEE, M. D.,

Leavenworth, Kansas

The radical operation for hernia has perhaps given more relief and comfort to man, than any other elective operation known. A few years ago the government discharged all soldiers and officers who became ruptured but now they keep them and operate upon

them, not only that, but a man may be enlisted who has been ruptured, providing he has been properly operated upon. Any soldier who refuses to submit to an operation will be discharged. Thanks to two of my friends, Dr. Charles Richard, Major, U. S. A. and Major Birmingham, it has been my good fortune to assist in, and operate upon, something like one hundred and fifty cases, twenty-seven of them being my own. The operations were performed in the Leavenworth hospital. Of the total number there has been one recurrence, due to heavy lifting in the ninth week, this case has been reoperated upon and since that time had no trouble, which is now over two years. To my mind the Bassini method is the simplest and most mechanically perfect and does less injury to the tissues, than the Halstead, or any other modifications. The external incision should be made from just above the internal ring, over the inguinal canal, to the external ring; or from a point a below the anterior superior spine of the ilium, parallel with and about one half inch interior to Poupart's ligament to the center of the external ring or crest of the pubes. The incision should be made through the skin, fat and connective tissues exposing the aponeurosis of the external oblique and full length of the inguinal canal of which it forms the roof. All bleeding points should be snapped by an assistant as the incision is made, which in most cases will control all hemorrhage, but in some the vessels are so large that it is necessary to ligate them. With this precaution, care being taken not to rupture any of the vessels of the cord, the operation will be perfectly dry.

The aponeurosis should be so well cleaned of connective tissue that the fibers can be distinctly seen. A grooved director passed through the external ring under the aponeurosis makes it easy to separate the fibers without cutting them, they should be divided to a point one half inch above the internal ring. Dissect the aponeurosis from the internal oblique and conjoined tendon internally to the edge of the rectus, and externally to Poupart's ligament. The cord and sack are then separated from the other tissues with the fingers and the blunt dissector.

The next step is to separate the cord and vessels from the sack, which is easier said than done. The sack can generally be recognized by its white glistening margin, which shows the plainest at its end. This can be accomplished best with the fingers and a blunt dissector. An important part of the operation, and about the hardest, is to dissect the sack clean and clear from all adhesions at the internal ring. This is important and the operator must be absolutely sure or he is likely to have trouble later on. This can be de-

terminated by passing the finger around the sack on the inside of the internal ring and by making traction on the sack. The sack should be opened and by digital exploration the absence of bowel or omentum determined, any contents found returned to the peritoneal cavity, or excised as the case may require.

The sack should now be tied off, or sutured and dropped back into the abdominal cavity. Then we are ready to commence the radical part of our operation, and that is making a new canal or a new route for the cord. The cord is held up or to one side by a strip of gauze or a hook and from three to five interrupted sutures of kangaroo tendon are taken through the internal oblique and transversalis and sometimes the edge of the rectus, on the inside, and the inner or shelving border of Poupart's ligament on the outside the lowest suture should include the conjoined tendon. This forms the floor of the new canal; care must be taken not to strangle the cord at the internal ring. The cord is now placed in its canal and the separated aponeurosis of the external oblique is brought together over it by a continuous suture commencing at the upper angle and extending as near to the pubes as possible without infringing on the cord at the new external ring. The last step in the operation is closing the skin wound, which I think should always be done by a subcuticular continuous suture, either of kangaroo tendon or of silver wire. I generally use the tendon because it is easier placed and I have gotten as good results as from the wire. The dressings consist of plain gauze covered with two thick layers of cotton and spica bandages which is not removed for one week unless the patient shows a rise in temperature. In a large percentage of our cases the union was immediate, and in none did we have supuration more than through the skin and that for only a small fraction of the incision. Unless one is absolutely sure of his aseptic technique it would perhaps be best to use interrupted suture. The patient should be kept in bed for four weeks.

The University of Halle, Germany, has conferred upon Dr. Willy Merck, member of the old house of E. Merck, Darmstadt, established in 1668, a very high distinction, namely, the honorary degree of Doctor of Medicine "in recognition of numerous meritorious contributions looking to the advancement of the therapeutic side of medicine."

AUTOPSIES.*

GEORGE HOWARD HOXIE, A. M., M. D.,

Professor of Anatomy in the University of Kansas, Lawrence.

Autopsy means etymologically the examination of oneself and this when applied to a post mortem examination, says Dr. George M. Gould, is absurd. Hence we should choose some other term as necropsy or necroscopy for our theme.

American medicine is noted for advances in technic but rarely for advances in knowledge of the nature of disease or for a scientific grounding of our technical advances. An American, for instance, injects cocain into the spinal cord and finds the uses of the method as well as its limits, but it is not until a German scientist makes an elaborate study of the method that it receives anything like due attention from the profession. And then the Americans fill the columns of our journals with proofs of priority. This is but an instance of what is true all along the line. The world does not take seriously our work and we are indignant. But the fault is our own: we have not used scientific methods or logical processes in perfecting our methods. Our results are obtained by a haphazardness, which depends all too much on the personality of the doer. The international standpoint and the objective method should be cultivated by those of us who wish really to help our profession.

One item alone under this category of scientific studies will take our attention at this time, for to me, our modern medicine is to be dated from the work of three laboratories: the Weber brother (about 1840) who began the study of experimental physiology; Pasteur (in 1852) who demonstrated the causal connection between anthracosis and the bacillus, and in 1857 Rudolph Virchow in re-enunciating his cellular pathology demonstrated that disease causes an alteration of the tissues.

Up to that time disease had been regarded by some as a dyscrasis or commotion of the fluids or "humors," of the body and one heard of ill humors, bad blood, etc. Others believed that disease was an outward manifestation of soul agony or disease, a possession by spirits, as it were. And we have among the populace of today something of what the physicians of one hundred years ago believed. Hence a scientific study of disease was impossible, and it remained

*Read before the Golden Belt Society April 7, 1904.

for Virchow to demonstrate anatomical lesions, some gross, others fine, for such a large number of diseases that his dictum, that in the cell was to be sought the pathological lesion, has come to be regarded as a law.

This made possible an investigation into the cause and being of disease and introduced a new medical science, pathological anatomy. There sprang up everywhere in Germany and on the continent of Europe pathological institutes, supported by the governments, for the study of the anatomical lesions resulting from disease. The pathologist as a specialist became an important factor in the public life of every city. He does not practice medicine but acts as the consultant to the practitioners of his city. He is more than a bacteriologist. Take the case of Heidelberg as an example. There except for special reasons every dead body is removed from the house within three or four hours after death and taken to the pathological institute, where the necessary examination and preparation for burial is made, and then it is taken to the chapel of the cemetery, where at the appointed time the funeral services are held. Thus the pathologist obtains the opportunity to study an immense amount of material,—nearly every dead body in the city.

In Zurich also, the making of the coffin and all the preparations for burial (or cremation) are under the city charge and all bodies in which there is anything of interest are sent to the pathological institute for examination. It is no wonder that the Germans under such a system have become our best pathologists.

As a contrast, note the complaint of Dr. Halsey in the March 1904 issue of the *Postgraduate* that even in their hospital in New York City very seldom is permission granted for a necroscopy. If such be the case in a large hospital where everything favors the authority of the physician, how much more difficult is it in American private practice to obtain consent to hold a necroscopy. Right here it seems to me, lies the reason why our American profession is so prolific in theories, but so barren in proofs and scientific demonstration. If there is need anywhere that our profession and through them the people be educated it is on the value of the necroscopy.

Even if this larger view of the matter does not appeal to one, it seems to me that the baffled study in private cases would do so. At least that is the result of a recent experience of mine. Not long ago I was called in to look after a man of 54 suffering from diarrhoea and vomiting, and in both stool and vomit changed blood was abundant. He had had an attack of a similar diarrhoea some months previous,

but had gotten up and about his work again. Now, the possibilities in the case seemed only cancer, nephritis and hepatic cirrhosis. There was no evidence of the latter either in the history or the examination. The family physician had stated positively that the urine was normal (no urine was obtainable after my connection with the case.) This left cancer as the probable cause of his trouble and such was my probable diagnosis. Against this stood (1) the fact that he had gotten up after his previous attack of diarrhœa, and (2) the fact that he became delirious and more or less comatose some twelve hours before his death. The family refused a necroscopy and thus a satisfactory study of the clinical symptoms and relation to the anatomical lesions was impossible. Some days after his death among his papers was found a report of an urinalysis in 1895 wherein hyaline casts had been found and a diagnosis of chronic intestinal nephritis had been made. And yet the family physician must have successfully disproved such a diagnosis for the patient had dropped several thousand dollars of life insurance within the last two years. This experience has made me willing to preach necroscopy to the families wherein I have influence.

Another case where there was a puzzling symptom complex and where a necroscopy was allowed and cleared up the entire case and helped me greatly, I published in the January 1904 JOURNAL of our state society. What has happened to me in my short practice must have happened many times to most of you and I feel sure that you regret not having had necroscopies over many of your fatal cases.

TYPHOID FEVER.

E. SMITH, M. D.,

Lawrence, Kansas.

Eberth discovered the bacillus now known to be the cause of typhoid fever, about 1880, but its relation to the etiology of typhoid fever was not established until several years later. While prior to and at that time it was customary with some to commence the treatment of fever with a calomel purge, and frequently with an emetic,

The thirty-two per cent of deaths in typhoid fever in Kansas, indicate something wrong in the treatment.

the treatment was mostly symptomatic. The pyrexia was treated with cold water by sponging, the wet pack or cold bath. The diarrhoea with acetate of lead, alum, tannic acid, nitrate of silver, and opiates, thus retaining in the intestinal canal, not only the bacilli, but that in which they could multiply and attack their victim.

The tympanites were treated with muriatic acid, chlorine water, turpentine, and in some instances, with a rectal tube cautiously inserted to allow the gases to escape; quinine was given in varying doses, and as the disease advanced, and the heart action weakened alcoholics, in some form, were usually added, but the subsequent history of the case was too frequently as depicted by one of my honored teachers, "as the pulse grew weaker, a little more brandy, and a little more, until the patient was ushered into eternity."

These were the days when the physician felt his inability to cope with this formidable disease, and when our homeopathic brethren, with good nursing, and with their infinitesimal doses, that had neither a positive nor a negative effect to interfere with nature's struggle against disease, made for themselves a reputation for treating fevers.

When it was demonstrated that typhoid fever was a germ disease, different physicians began to try to find some antiseptic that would destroy the germ, and not injure the patient; carbolic acid, iodine, thymol, naphthol, salicylic acid, and other antiseptics were tried, and in some cases with encouraging results. But, as far as I know, the late J. Elliott Woodbridge of Youngstown, Ohio, was the first to formulate a definite antiseptic treatment for this fever. He used three formulas. No. 1 is: podophylin resin gr. 1-960, mercurious chloride mild gr. 1-16, guaiacel carbonate gr. 1-16, menthol gr. 1-16, eucalyptol q. s. No. 2 differs from the No. 1 by adding thymol gr. 1-16 and guaiacol carb. to gr. $\frac{1}{4}$ instead of 1-16. No. 3, Rx is guaiacol carb. gr. 3, thymol gr. 1, menthol gr. $\frac{1}{2}$, eucalyptol min. 5.

The treatment of a case is commenced by giving No. 1 every fifteen minutes for the first twenty-four hours, each dose to be followed with a drink of sterilized water, as large as the patient will take. After the first twenty-four hours, he gave No. 3 every three hours and No. 2 often enough to insure two or three dejections each day.

The underlying principle of the Woodbridge treatment of typhoid fever, briefly stated is to flush out all of the sewers, keep

A glass of ice cold milk every two or three hours would make a well man sick.

them clean and aseptic. If this treatment is carried out near the beginning of any fever that is typhoid, or that can be mistaken for typhoid, we will not have the dry, parched tongue, the tympanites, and the delirium that we have been accustomed to see in our typhoid cases. But the efficiency of the antiseptic treatment is more fully demonstrated by the rapid disappearance of these symptoms, when the treatment is commenced after they have supervened. Other intestinal antiseptics are perhaps as good if the same principle is carried out in their use.

I believe the older plan of medication except the primary purge, was an injury to the patient, by producing the best conditions for the rapid increase of the typhoid bacilli, and for autointoxication, the latter of which I believe to be the cause of most of the nervous symptoms, and of the petechiæ, that we find in typical cases of typhoid fever.

And the cold water treatment, whether applied as the cold bath, the graduated bath, cold effusions, cold compresses, or friction with ice, depends for its efficiency upon its power of abstracting heat from the body, thereby lessening the rapid disintegration that takes place with high temperature, thus aiding the patient in withstanding the disease, until he becomes immune to the typhoid bacilli.

It in no way modifies the conditions upon which the disease depends; not so with the antiseptic treatment; it is curative, or abortive, if you please, and after testing it for nearly ten years, I believe that Dr. Abbott was correct when he said that, "if a case of typhoid fever runs over two weeks there is something wrong in the treatment."

In typhoid fever flush out the sewers, keep them clean and aseptic.

He that feeds his typhoid fever patients milk, furnishes good media, in the intestinal canal, for propagating the typhoid bacilli.

Committee on Arrangements for the Wichita meeting: Doctors J. F. Gsell, G. C. Purdue, C. E. Bowers, J. Z. Hoffman and G. D. Clark. They have secured place of meeting, and are working hard to make the meeting a very interesting one. Important papers from men of national reputation are expected.

PARESIS *

C. C. GODDARD, M. D.,

Leavenworth, Kansas.

One of the peculiarities of the alienist is to make the general practitioner feel that he, the specialist, has something up his sleeve; something not generally known, the knowledge of which endows the possessor with peculiar powers; for we, all of us, have a large grain of superstition in our make up, though we may strenuously deny the same. When he talks rapidly of neurons, neurites, dendrites, protoplasm of the neuron, axones, neuraxones and terminal arborization-brushes, he makes our heads ache, we get flustered and are made to feel that there certainly are more things in the world than we ever thought of.

Of course we have thought that at some period in our practice, some certain patient of ours, was rather unbalanced in his ideation and imagined a whole lot; might be suffering from neurasthenia, or an attack of pure cussedness; still we had given no particular name to the malady and when this smooth specialist came in and said, "Ah, my dear doctor, we have here a typical case of paresis or dementia paralytica," we were knocked out. Had he said, "This is simply a case of cerebral softening," we would not have felt half as bad and might have gone into the case a little with him, but when he sprang that name upon us so suddenly we probably remarked, "Well it is not in my line and as it is in yours, whatever you say goes."

Now by using the term paresis I simply refer to cases that formerly, "when I was a boy," we called softening of the brain, I do not wish to be understood that I claim that this is the real condition of things as the reverse may be the case and sclerosis be the *causis belli*; but I want that we should all understand that it is no new disease, any more than paranoia is a new trouble, but is what answered formerly to the term of mono-mania, paranoia being but a case of mono-mania with peculiar ideas, or delusions of persecution.

I am trying in this scrap of a paper to call attention to some of the mistakes we imbibe from our authorities, especially the older writers and to show you that we do not always have a set of cut and dried symptoms and that even some of those formerly held to be

*Read before the First District Society, Oct. 11, 1904.

necessary for a diagnosis may not be present at all. I will never forget how I used to hunt for the Argyll-Robertson pupil, facial tremor and ideas of great wealth, also the self satisfied individual as portrayed in the different text books. I hunted so well that I found the pupil existing in many of my friends in middle years of life and and felt very uneasy for their future; but they kept right on living and never showed any other symptom of mental decay. I was so afraid to call it paresis without this array of grand symptoms that I was often up a tree, so to speak. Then again when I made my diagnosis, in other cases and gave the prognosis of death in from one to four years, the confounded people kept on living; so that I finally came to the conclusion that a paretic was just as apt to live twenty years as any other old time and I quit guessing. Then again I found that cases of this trouble sometimes got in a hurry and would only live a very few weeks or short months. I found that at times cases were in a devil of a carrying on and did not seem to have the self satisfied idea at all. I found some that laughed and felt every inch a king and others that wept and maintained that they were cursed for all eternity; some felt wealthy beyond description; others were beggared beyond belief; extreme restlessness was apparent in many, and an apathetic condition was characteristic of other; deviltry beyond belief was the acme of existence in some, canting religion was the burden of song with another. The A. R. pupil I found in many and again the limpid orb of the soul was as mild and beneficent as in any maiden fair and yet the fell destroyer was without a doubt implanted within their inmost being and death claimed them just as surely.

Women I think are the most difficult to recognize as having this terrible disease and I have seen them die before I could bring myself to believe in their terrible affliction. In some cases the different phases are manifested as rapidly as light shifts through the kaleidoscope.

One of the great predisposing causes of cerebral degeneration is Syphilis. Not that it is Columbian relic is a sure thing in producing paresis; but having the general makeup, the stigma hereditatis, and add an attack of syphilis and nine chances out of ten your man will have sooner or later this disease, especially if the individual is a brain worker and lives a strenuous life, trying to get rich in a hurry. We might say that great mental strain, with syphilis added in an individual with the right make up, are really the principal causes of general paralysis of the insane.

The invasion may be very sudden and start in with an attack of

cerebral frenzy; or again its onset may be very slow and show all of the phases of neurasthenia. When this neurasthenic condition maintains for months, you had best be finding another name for the trouble.

The rapid invasion, generally foretells a rapid course, though this is not always the case. Uncertainty of speech, clipping of words, halting and difficult enunciation are most often the forerunners as far as objective symptoms are concerned; inability to write connectedly and legibly is often present and again may never be met with in some cases; ability to write letters intelligently I have noticed in cases within a week of their demise. Epilepiform seizures is often the most frequent of sign posts, and almost sure to manifest itself at some stage of the disease; cerebral hemorrhage often seems to usher in certain cases even if not being the cause itself. Sudden ideas of great wealth, without foundation, marshals the disorder very noticeably; while again great poverty may be the dread of others, though they may be blessed with a goodly share of this world's goods.

The sudden falling from grace, in men who have heretofore borne spotless reputations, should be looked upon with grave suspicion; whereas access of godliness in those hitherto immoral should be taken "*cum grano salis*." Sudden changes in men that have for years been rather melancholic and that all at once see everything of a roseate hue and feel that they have become young again, is a strong indication of a mental decay. Cases of sudden confusional trouble in people between the ages of twenty and thirty-five should be carefully guarded and watched for sudden manifestations of this malady.

The prevention is beyond all human knowledge; the prognosis is always unfavorable. The treatment, unfortunately as a rule, is instituted too late and great damage has already been made among the nerve cells; so that we really do not know what the effect of special treatment would be in the disease. Possibly an early diagnosis might give a chance. Absolute rest from all brain work, out of door life, tonic agents, special building up of the economy are the great desiderata. It is doubtful in my mind if special anti-syphilitic treatment is of any avail in these cases. I would fear the depression, especially of the iodides. General tonics, static insulation and massage, healthy food, out of door life, are best to my way of thinking.

After the delusions are fixed nothing can be expected so far as recovery is concerned and the patient should become a guest in

some hospital, where they can properly care for such unfortunates. This should be done for two reasons: first the paramount one, being to protect the patient and shield him from the busy tongue of his neighbor and so-called friends,—as his condition of irresponsibility is never taken into consideration and he gets credit for acts and thoughts that have always been strangers to his true being.

This disease seems to delight in showing up the really moral man or woman, as possessing the lowest of ideas and as using the vilest of language, whereas the hitherto ungodly wretch may cause tears of sympathy to flow as he airs his notions of godliness and decency. The other reason for the hospital is for the simple reason that home is the worst place of all for one afflicted with this malady. no matter though, wherever they are, whether bad or good, time goes on until a beneficent Providence calls them to that "bourne from whence no traveler returns" and they appear before that bar where their worthiness is decided by the all powerful Judge of the clean and the unclean, "whose mercy endureth forever."

THE VERNIX CASEOSA.

Editor *Medical World*:—A traveling agent getting signatures of doctors to a petition to the legislature (which I did not sign), to have a law enacted requiring the state to "educate" the boys and girls, prior to marriage, as to the consequences of the unborn child, of copulation during the months of pregnancy, has just left my office. He claims that the spermatozoa thus injected are the cause of the "filthy" condition of such child at birth; and that where there is no coitus during pregnancy the child will be born "clean." How is this?

J. D. BRYAN.

Louisburg, Kansas.

We have heard of many kinds of harmless cranks, but this "caps the climax" of utter foolishness. No fear of legislators allowing themselves to be pestered long with this. Even the most ignorant assemblyman well knows that there are many more important questions pressing their claims than any such theory. When the state assumes authority in teaching hygiene to grown people, it will take up many other subjects before it meddles with that of legal coitus between husband and wife. As a matter of fact, the

vernix caseosa is a sebaceous deposit which nature spreads upon the skin to prevent its maceration by the liquor amnii. It is present to a certain extent upon the skin of all children born. Coitus has nothing to do with it, for children born whose fathers died soon after conception, and whose mothers were above suspicion, show this deposit. The semen is deposited in the vagina, and if any of it enters the pregnant os, it is only an infinitesimal quantity. Before we answered your query we looked thru all the leading works on obstetrics and were astonished to find that none gave the origin and purpose of the origin and purpose of the vernix caseosa, altho most of them gave the time of its appearance upon the fetus, its constituent parts, and the methods for its removal.—ED.]—*From the Medical World.*

The Annual Meeting of the First District Branch was held in Kansas City, Kansas, in the city hall. There was a good attendance. The program was short but was interesting and led to considerable discussion.

Dr. E. T. Shelly, president of the society, appointed the following committees:

Auditing—Doctors Roberts, Wever and Hamman.

Publication—Doctors Naismith and Troutman.

Applications—Doctors Hughes and Masterson.

The following officers were elected for the ensuing year:

President—P. D. Hughes, Kansas City, Kansas.

Vice-President—H. L. Alkire, Topeka.

Secretary—James Naismith, Lawrence.

Treasurer—C. C. Goddard, Leavenworth.

Members of the Executive and Judicial Committee:

G. A. Hamman, Lawrence.

R. A. Roberts, Kansas City, Kansas.

E. F. Greene, Olathe.

On motion it was determined to petition the Council of the State Society to make the councillor districts smaller.

On invitation the Society voted to select Leavenworth as the next place of meeting.

Papers were read as follows:

Dr. P. D. Hughes—"A few little ones."

Dr. W. C. Harkey—Nephritis.

Dr. G. M. Gray—Report of two cases of cholecystotomy.

Dr. E. Smith—Typhoid fever.

KANSAS STATE BOARD OF HEALTH.

Capitol Building, Topeka.

March 14, 1905.

The following contagious and infectious diseases are reported to this office for the month of February, 1905:

DIPHTHERIA.

County.	Cases.	Deaths.	County.	Cases.	Deaths.
Anderson.....	4	0	Republic.....	5	0
Cherokee.....	2	0	Wyandotte.....	5	0
Doniphan.....	1	1	Kansas City.....	5	1
Jackson.....	3	1	Leavenworth City.....	7	1
Montgomery.....	4	0	Topeka City.....	5	1
Nemaha.....	1	0			
Phillips.....	2	0	Totals.....	44	5

SCARLET FEVER.

Cherokee.....	1	0	Nemaha.....	3	0
Clay.....	12	0	Pawnee.....	2	0
Decatur.....	3	0	Phillips.....	12	0
Doniphan.....	1	1	Pratt.....	2	0
Jackson.....	3	0	Rawlins.....	1	1
Kingman.....	3	0	Reno.....	8	0
Lincoln.....	5	1	Republic.....	13	0
Logan.....	3	0	Shawnee.....	1	1
Lyon.....	7	0	Kansas City.....	1	0
Marion.....	8	0	Leavenworth City.....	1	0
McPherson.....	20	0	Topeka City.....	12	0
Marshall.....	6	0			
Mitchell.....	2	0	Totals.....	132	4
Montgomery.....	2	0			

SMALLPOX.

Atchison.....	2	0	Marshall.....	11	0
Chase.....	2	0	Miami.....	100	2
Cherokee.....	6	1	Mitchell.....	18	0
Clay.....	1	0	Montgomery.....	1	0
Crawford.....	32	0	Nemaha.....	1	0
Doniphan.....	3	0	Ness.....	60	0
Douglas.....	1	0	Phillips.....	5	0
Ellis.....	20	0	Rawlins.....	23	0
Graham.....	4	0	Reno.....	13	0
Gove.....	21	1	Republic.....	5	0
Harvey.....	8	0	Russell.....	23	0
Jackson.....	3	0	Saline.....	40	0
Kingman.....	40	0	Washington.....	9	0
Labette.....	2	0	Wyandotte.....	1	0
Lane.....	3	0	Kansas City.....	1	0
Lincoln.....	22	0	Topeka City.....	1	0
Logan.....	4	0			
Lyon.....	53	0	Totals.....	689	4
Marion.....	116	0			

TYPHOID FEVER.

Crawford.....	2	1	Kansas City.....	31	5
Douglas.....	4	0	Leavenworth.....	2	2
Edwards.....	1	1	Topeka City.....	2	2
Labette.....	1	1			
Nemaha.....	1	0	Totals.....	44	12

S. J. CRUMBINE, *Secretary.*

THE ISTHMIAN CANAL COMMISSION'S MISMANAGEMENT IN SANITATION.

Dr. Charles A. L. Reed, on his return from Panama March 1, filed his report with the secretary of war, and the report is printed in full in *Journal A. M. A.*, March 11. Dr. Reed states that he was given every facility to study the condition of organization and the details of administration as they relate to the public-health interest. He says that he was impressed with the efficiency and zeal of the sanitary staff and with the fact that much had been accomplished in the way of sanitation, but states that much remains to be done which can not be done unless better facilities are afforded. He states that the governments of Panama and of the United States both recognize the importance of efficient sanitation. At the meeting of the commission held at Ancon, August 28, 1904, Mr. Grunsky, as the committee on a proposed health department, presented a report which began by stating that: "After repeated conferences with" Colonel Gorgas and with practically the entire sanitary staff, "it has been agreed," but which should have stated that "in certain important particulars Mr. Grunsky has agreed with himself," for much of the report was formulated over the respectful protest of the medical men who were invited to the conference. By this report the commission, more especially Mr. Grunsky, provided for the creation of a board of health, with power to formulate regulations, which would become effective only after approval by the commission; or in cases of emergency, only on approval of the governor of the canal zone. Thus the chief sanitary officer had his discretion limited to the enforcement of regulations which had first been adopted by the commission or by a board of health, in which latter event it had to be sent generally to Washington to be endorsed by the commission, or in cases of emergency, might be approved or rejected by the governor of the zone. It thus came about, says Dr. Reed, that the chief sanitary officer whom and whose department the medical profession had asked to be made largely autonomous, and which the president himself had obviously intended to be so, became, by action of the commission, more especially of Mr. Grunsky, subordinated to the governor of the zone; to the chief disbursing officer; to the chief of the bureau of material and supplies; to Mr. Grunsky; to the commission; to the secretary of war; to the president; subordinated, in fact, in the seventh degree from

the original source of authority, and this, says Dr. Reed, is the state of affairs on the Isthmus today. Dr. Reed states that if the superintendent of the Ancon hospital makes a requisition for supplies, he must take it for approval to the chief sanitary officer; then to the governor of the zone; then to the chief disbursing officer; whence it goes to the commission at Washington; then to Mr. Grunsky as committeeman; then back to the commission; then, if allowed, bids are advertised for; awards are made; the requisition is filled under the supervision of a purchasing agent notoriously ignorant of the character and quality of medical and surgical supplies; the material is shipped to the Isthmus; consigned to the chief of the bureau of material and supplies, who notifies the disbursing officer; who notifies Colonel Gorgas; who in turn notifies the superintendent; who applies to the quartermaster—"the boss of a corral"—for transportation, and so much of the stuff as in the judgment of first, the governor, next the chief disbursing officer, next and more particularly Mr. Grunsky, ought to be allowed to the superintendent of the hospital, finally arrives or does not arrive at its destination, and this, Dr. Reed says, is no fanciful picture; and what is true at Ancon hospital is true at Colon, at Culebra, at Miraflores, and at all other points that require supplies of this description. In case of emergency, certain purchases are permitted to be made at Panama, but, of course, at greatly increased prices. Dr. Reed cites examples of the littleness of the commission, showing how the commission consumed its time with the minutiae of administration that ought to have been entrusted to the men employed for that purpose. Dr. Reed states that the commission visits on the sanitary department unnecessary and unreasonable restraints and confronts it with petty antagonisms, and he quotes instances showing how requests for necessaries have been treated. For instance, doors and windows for the hospital at Culebra were asked for in January, but are not in place. Materials for disinfection work were asked for last September; the commission, more especially Mr. Grunsky, cut the estimate down to one-fourth, and sent the material in small lots from time to time. The commission established internships in the hospitals in the zone, incumbents to be paid \$50 a month, the same salary that is paid to nurses, and in this way the sanitary department is without a sufficient number of experienced medical men. Before Colonel Gorgas went to the Isthmus he laid before the commission a plan of campaign which embraced the following distinct features: First, the instillation of a sewer system in the cities of Colon and Panama. Second, the instillation of water supply in

those cities. Third, the cleaning of the streets, including the disposal of garbage and night soil. Fourth, general sanitation of houses, including their cleaning and fumigation and the drainage of neighboring pools, the abolition of water barrels and cisterns, and other places for the propagation of the yellow-fever mosquito. Fifth, the prompt isolation of all cases of yellow fever. It was not until after four or five months had elapsed, however, and only after progressive development of yellow fever that Colonel Gorgas was permitted by the commission to assume the sanitary control of the two cities, one of which, Panama, having by this time become very generally infected. Contrast this with the brilliant results achieved by Colonel Gorgas in Havana, where he was given not only a free hand, but his own purchasing and distributing agents. The report states that the responsibility for the present existence of yellow fever on the Isthmus can be placed nowhere else than on the canal commission, more especially on Mr. Grunsky. It is also stated that the campaign against malaria has been thwarted by the commission, that many employes are sick with malaria, and that both nurses and attendants are frequently victims of the disease. An effort has also been made by the commission, under the subterfuge of establishing a training school at Ancon, to get undergraduate nurses to go to the canal zone at about the same rate that is paid pupil nurses in the training schools of the United States. Dr. Reed says that the Isthmus is not a place to take untrained nurses on any pretext, for nothing but fully developed talent in the various departments of activity should be sent to the canal zone. Dr. Reed concludes his report as follows: "I have the honor not only to submit the suggestion, but really to urge, that the time has arrived when the president ought to redeem his word and ask for the resignation of the commission."

Dr. Ross Klock, of Ottumwa, was drowned in the Neosho river near Strawn, Saturday, and his body was found late last night. (March 20.) Klock was a young physician, and started for Strawn Saturday to examine candidates for the Modern Woodmen lodge. He had considerable trouble in fording the Neosho river, just before he arrived at Strawn and came very near staying there over night, but finally decided to make the return trip.

PURULENT CONJUNCTIVITIS *

H. L. ALKIRE, M. D.,

Dean of the Kansas Medical College,
Topeka, Kansas.

The subject to which I wish to invite your attention, "Purulent Conjunctivitis," is one with which each of you is doubtless quite familiar, because of its frequent occurrence. Possibly not a few have unpleasant recollections of eyes lost as the result of this disease. For these reasons I have selected "Purulent Conjunctivitis" as the subject of this meeting.

The more I study this disease, observe the lack of thoroughness on the part of many practitioners in the examination of these patients, the carelessness in treatment, and the distressing results which follow, the more I am convinced that medical men generally should learn to look upon all forms of conjunctivitis as serious, and especially if purulent. I believe that purulent conjunctivitis is as much to be dreaded as typhoid fever, pneumonia or septicæmia. What doctor of intelligence would say that the above named or similar diseases were to be lightly regarded in any stage or degree of development, no matter how mild? Yet, how often purulent conjunctivitis, when mild in degree, or in the incipient stage, is dismissed as being of little consequence. I am sorry to say, that in this day of scientific investigation and laboratory training, there are persons, who on account of ignorance or a desire to gather in the "almighty dollar," make a "specialty" of all diseases affecting the head, trunk or extremities; and in the event of an eye case they do not advise the patient to seek counsel of one qualified to give it, until they have exhausted their own assumed stock of knowledge, and destroyed the patient's opportunity for a favorable recovery. No organ in the body is composed of a greater variety of tissue than the eye. None more complex in structure or sensitive in function. none more exposed. Consequently, no organ in the body is subject to so large a variety of diseases; and none in which the sequelæ are liable to be more more disastrous to the function of the organ. Hence, the necessity for thoroughness in all that pertains to the care of this organ in health and disease.

Purulent conjunctivitis is a purulent inflammation of the mu-

*Read before the First District Society Oct. 13, 1904.

cous membrane which covers the anterior or exposed part of the orbit, and the posterior surfaces of the eyelids. It is not unlike purulent inflammations of mucous membranes in other parts of the body. In this age of enlightenment, of bacteriological investigation and pathological research, I presume that none will find fault with the statement that "inflammation is a destructive process of microbic origin, occurring in living tissue." Purulent conjunctivitis is distinctively a destructive process, never anything else. Thus, many are the dangers which are liable to result in the loss of vision to one or both eyes. How sad, when both are thus affected, and the unfortunate must spend the remaining days of his earthly existence in darkness, never again to be inspired by seeing the faces of friends, or beholding the beauties of nature. The smallness of the organ, the closeness of its parts, the free anastomosis of a rich circulation, the sympathetic relation with the other eye, all tend to threaten with destruction the neighboring parts. Consequently, the greater the need of an early and correct diagnosis, and the establishing of a thorough treatment, that the invasion may be checked and destruction prevented.

The causes, exciting and predisposing, symptoms, diagnosis, and treatment are so plainly set forth in any and all of the modern textbooks, that it will be unnecessary for me to consume valuable time in a review of them. With your kind indulgence, however, I wish especially to emphasize the destructive character of the disease, and to briefly call attention to some of the indications for treatment of these patients.

First. Carefully examine every part of the eye, and take record of visual acuity. This is very important for comparison in daily observation of case. Make microscopic examination of the ocular secretions or excretions. This may shed much light on the nature of the infection.

Second. Note general physical condition of patient, especially bowels, urine, circulation and nutrition.

Why all these precautions for a conjunctivitis?

You are to prepare your patient for a conflict which is to be fought by the invading micro-organisms and the tissue cells at the site of action, and inasmuch as your sympathy should be enlisted on the part of the tissue cells, you should aid them in every way possible. One of the most destructive inflammations I ever witnessed in an eye, gave as its first manifestations those of a simple conjunctivitis. What are some of the complications which are liable to arise? Naturally we would expect ulceration of the cornea because of its

relation, exposure to the infected secretion, the continuity of tissue, etc. Infection of the ciliary body and iris, because of the nature and relation of the circulation of these parts, resulting in total destruction of the eye.

To one having a knowledge of the eye, and of the nature of the disease the treatment is indicated. It may be briefly outlined as follows:

Rest. Preferably in a dark room.

Cleanliness. This is imperative in all cases. I prefer the free use of a non-irritating antiseptic douche, every fifteen minutes to 1 or 2 hours, as the case may demand.

Temperature. Cold is useful during the active stage, and may be applied by use of small gauze sponges a little larger than a silver dollar, dipped in ice water and placed upon the closed lids; or cold water in a light rubber bag. The cornea must be observed, a uniform haziness is an indication of excessive cold. Heat is very useful after the acute symptoms have subsided. It may be applied by wringing a folded towel from a boiling hot antiseptic solution, and placing upon the closed lids.

Medicines. Numerous preparations have been used with varying results. I prefer some of the silver preparations after the acute symptoms have subsided, as argyrol, protargol or the nitrate. Hydrogen dioxide as a cleansing agent is useful. Ointments. Mercurial or borated may be useful.

Complications should receive the usual treatment for each.

Operation. If lids are making pressure upon cornea, operative measures to relieve the pressure should not be delayed.

Constitutional treatment as indicated.

THE COUNCILOR.

ATCHISON, KANSAS, March 20, 1905.

To the Editor of the Journal Kansas Medical Society:

In addition to the demand that the councillor be the first one to arrive on the ground and the last one to leave when the annual meeting of the state society takes place, Sec. 2, of Chapter VII, of the

bylaws of the new constitution of the Kansas Medical Society, adopted somewhat hastily last year at Topeka, prescribes for him the following duties: "Each councilor shall be organizer, peace maker and censor for his district. He shall visit the counties in his district at least once a year for the purpose of organizing component societies where none exists; for inquiring into the condition of the profession, and for improving and increasing the zeal of the county societies and their members. He shall make an annual report of his work and of the conditions of the profession of each county of his district."

To perform his whole duty as here laid down, a councillor should be every thing that the councilor of the first district (whose very barren official career will fortunately soon end) is not. In the first place, in order to comply properly with the requirements of the above section of the bylaws, it would be necessary for him to spend from one to three days in every county in his district, which would mean that he neglect his own work at home from fifteen to forty days during the year. Only a doctor of wealth and leisure, or a specialist with or without a private hospital or sanitarium in quest of a little advertising, could therefore afford to engage in all the various kinds of medical "mission" work demanded of a councilor. But spare time is not all a councilor requires. So difficult is it sometimes to persuade doctors who are not in the habit of attending medical meetings, to come to a county society meeting, that a councilor needs all the tact, affability and enthusiasm of a successful commercial traveler in order to get them out. Finally, after he succeeds, with the help of some local physicians, in getting an audience, he finds that he needs the "gift o' gab," a very rare accomplishment, in order that he may not make himself and the cause he represents ridiculous. Imagine Dr. McCormack reading a "paper" on the benefits of radical organization! A "paper" is poor stuff at such a time, as poor as a halting, amateurish speech. Perhaps a physician with time, tact and a telling talk can be found to serve as a councilor in every district of the state, but it is very doubtful. But even if a Dr. McCormack were available in every district, the state society would still have no right to demand of him the exacting work called for by our laws—for "traveling expenses" on a "proper itemized statement!" Either the duties of the councilor should be made more elastic than they now are, or the state society should employ an officer, properly qualified and salaried, and appointed and controlled by the council, whose duty it would be to do the out-of-town work of the various councilors: such as organizing and vis-

iting county societies and much of the "peace making" and "censoring" as well. Our national society has such an officer (*de facto* at least) and why should not also the state society?

E. T. SHELLY,
Councilor First District.

George D. Boon, M. D., died at Chetopa, Feb. 20. He graduated in 1870 from Ann Arbor.

Dr. David J. Swarts, aged 72 died near Liberal on March 3. He graduated in Cincinnati in 1860 and was a surgeon in the civil war.

Dr. L. H. Munn is going to spend a few weeks in New York at post graduate work. He will return in time for the Wichita meeting.

John P. Richardson, M. D., committed suicide by hanging himself in his barn Feb. 26, at Sabetha, Kansas. He graduated in Cincinnati in 1866.

First District.—Only three or four of the thirteen counties of the First District remain unorganized, and it is hoped that these will be in line before the Wichita meeting of the state society in May.

Appendicitis.—A rather valuable review of the treatment of appendicitis is found in the reprint of an article in the *Annals of Surgery* for November 1904, by Parker Symms of New York. He reviews a series of 219 cases and concludes that Ochsner is wrong in refusing operation after the twenty-four hour limit. He distinguishes between a diffuse peritonitis which can be safely operated on and a general peritonitis which is always fatal. He uses hydrogen dioxide to destroy the pus, but does not flush the peritoneal cavity.

Prostatic Obstruction.—Another reprint by Parker Symms discusses prostatectomy. Symms makes a simple median vertical incision, opens the bladder, inserts a collapsible bag which he uses as a retractor to draw the gland into view. We have seen Dr. L. H. Munn do the Symms operation once and believe that it has claims for consideration.

ANTISTREPTOCOCCIC SERUM IN ERYSIPELAS.

In order to know the effects of this treatment actual results must be reported. Therefore I beg leave to submit the following case history:

Male, aged 19, came to office February 5 with "sore throat." The membrane was reddened and slightly swollen. Ordered sprays and antiphlogistine.

Feb. 6. Saw him in his room. Temp. 101. Right tonsil and throat considerably swollen. Salol, calomel and antiphlogistine.

Feb. 7. Nose involved and exterior slightly reddened.

Feb. 8. Infiltration on left cheek apparent. Temp. 102. Ordered ichthyol bandage.

Feb. 9. Infiltration covered the left cheek and eye. Continued ichthyol and ordered tinct. iron internally.

Feb. 10. Temp. 103.4. Pulse 104. P. P. & Co's. antistreptococcic serum used: 10 cc at 7 p. m.; and 10 cc at 11 p. m. Nostrils and throat almost closed with bloody mucous, for which adrenalin swab was used.

Feb. 11. 10 cc of serum at 11 a. m. Evening temp. 103.6. pulse 108. Continued of course the iron and ichthyol.

Feb. 12. Temp. ranged from 100 to 104.2. Pulse 94 to 102. Strychnine 1-40 gr every 4 hours. Face began to clear.

Feb. 13. Evening. Temp. 104.4. Pulse 104. Scalp affected. 10 cc serum injected.

Feb. 14. Temp. 99.8 to 104. Pulse 88-104. Abscess in left orbit under left eyeball opened (a tablespoonful of pus.)

Feb 15. Temp. 100.6-103. Pulse 96-102. Tonsils painful and an immense abscess in soft palate was opened.

Feb. 16. Inflamed area on right cheek. Left cheek was clear by this time, though the scalp was still infiltrated and sore. Temp. 100 to 102.8. Pulse 96-104.

Feb. 17. Temp. 99-103. Serum 10 cc at 7 p. m.; 10 cc at 11 p. m. Right cheek inflamed but not badly infiltrated.

Feb. 18. Temp. 98-99.2. 10 cc serum at 3 p. m.

Feb. 19. Temp. 98.2-101.6. Pulse 92-98. Serum 10 cc used at 7 p. m.

Feb. 20. Temp. 98-99.6. Pulse 84-90. Face clearing. Hardly any soreness in scalp.

Feb. 21. Temp. 98.2-99.2. Pulse 78-96. Patient sent by train to his home for convalescence.

It seemed to me that the serum showed a decidedly helpful influence in clearing up the face, and were I to do the work over again I would not use the tincture of iron and the ichthyol but use simply the serum and vaseline.

[It would be interesting if others would present their experiences with the serum.]

SOCIETY NEWS.

Harvey County Medical Society elected the following officers at its March meeting: President, Frank L. Abbey; vice president, G. D. Bennett; secretary, J. W. Graybill; treasurer, L. T. Smith; delegates, J. T. Axtell and Max Miller. Dr. E. H. Johnson of Peabody, was admitted to membership.

The following are all of the members of the Harvey County Medical Society who have paid up to date: Drs. J. T. Axtell, A. E. Smolt, L. T. Smith, G. D. Bennett, Max Miller, J. W. Graybill; Newton, Kans., R. C. McClymonds of Walton, Kans., J. H. Cooper of Newton and Frank L. Abbey and O. W. Roff of Newton also Dr. E. H. Johnson, of Peabody, Kans., a new member.

FRANK L. ABBEY, *Pres.*

Decatur and Norton Counties—The fourth quarterly meeting of the Decatur and Norton County Medical Society was held in Dr. C. C. Funk's office at Jennings, Kansas, Wednesday March 15, 1905 at 3 p. m. The day was very stormy and attendance light but the enthusiasm was at fever heat. Drs. Cole, McNaughton, Forbes, Hawkins, Dallol, Hardesty, Funk and Kenney braved the elements to attend. The following program was presented: Informal reception from 3 until 4; from 4 until 5 Dr. Hardesty of Jennings presented a very interesting case of perforated gall bladder with abscess formation. She was later operated upon successfully. From 5 until 6 Dr. Funk presented a paper on "Puerperal Eclampsia—Treatment and Case Report," which was well received and brought out a very spirited discussion.

The society was banquetted at the Squires' house from 7:30 until 8:30 by Drs. Funk and Hardesty, the local committee. From 8:30 until 10 the time was spent in a "round table" discussion of various subjects of interest to the medical fraternity.

The next meeting will be held in Norton, Kansas, June 14, 1905. The 1904-5 officers are: President, H. O. Hardesty, M. D., Jennings, Kans.; first vice president, C. W. Cole, M. D., Norton, Kans.; second vice president, S. L. Hubbard, M. D., Oberlin, Kans.; secretary and treasurer, C. S. Kenney, M. D., Norcatur, Kans.; program committee, J. J. Dallal, M. D., C. C. Funk, M. D., Jennings, Kans.

Enthusiasm is gaining ground but there still is plenty of room for missionary work to get out the older practitioners.

C. S. KENNEY, *Secretary.*

BOOK REVIEWS.

"How to Live."—We all realize the need of some medium for educating the public in fundamental medical truths. We cannot go out and preach to the people. Neither can we use the daily prints. Hence we welcome the advent of a journal intended to preach hygiene to the people. The name of Dr. George F. Butler carries with it some assurance of sobriety and conservatism. We wonder if it would not be a profitable investment for us to have this journal, *How to Live*, (published at Ravenswood Station, Chicago) on our waiting room tables.

A DOCTOR'S CONFESSION by William Hinshaw, M. D. Illustrated. Copyrighted by William Hinshaw in 1901. For sale by Lewis S. Mathews & Co. Cloth, 12 mo., pp. 373.

Judged from the standpoint of literary criticism this is an exceedingly poor specimen of the novel. However it is a book with a moral purpose and should be judged with that fact in mind. It is therefore a good book to put in the hands of a young doctor when you wish to point out to him the evils of maligning his neighbor and of putting the attainment of wealth above conscientious effort. The story is in part interesting and since the scene is laid in Iowa the types illustrated will be more or less familiar to Kansas readers.

MEDICAL ANNUAL 1905—New York, E. B. Treat & Co.

This book (8 vo. about 600 pages, cloth) is too comprehensive for us to review in a paragraph or two. It consists of abstracts and summaries of the year's contributions to medical literature. The arrangement of topics is alphabetical. The paper, print, and illustrations are good. The "handiness" of the book was a revelation to your reviewer. He finds new points on almost every subject which he has looked up. Evidently this book is a great rival to the year books gotten out at monthly or quarterly intervals (one of which has been reviewed this month). They are more of monographs, this one is more encyclopediac. We should look to them for the specialist's opinion of the year's activity, but to this annual for the briefest possible summary of the advances along each line.

As an instance of the book's characteristic discussion we refer the reader to the article on typhoid fever by E. W. Goodall of a Lon-

don hospital. He gives a review of some 16 papers on the subject of which 5 seem to be American. Then in his 9 page article he shows how contradictory are the views as to treatment and seems to believe that the individual rather than the disease should be treated. He scoffs at the possibility of rendering sterile or antiseptic the intestinal canal, and believes that to "lock up and keep locked" is a better plan than to promote free catharsis. He agrees with the better writers that the agglutination (or Widal) test is the best means of diagnosis at our command.

But after reading his article one feels that it is prejudiced and not a fair weighing of evidence.

AMERICAN ALKALOMETER, VOL. IV.—A digest of the teachings of *The Alkaloidal Clinic* for 1902-3 inclusive. Edited by W. C. Abbott and W. F. Waugh, half leather: pp. 734 plus Index. Chicago: Clinic Publishing Co.

Herein are arranged alphabetically by title the chief articles found in *The Alcoloidal Clinic* for the years mentioned. It certainly is a handy reference volume and for the alkalometrist worth a whole library. Its characteristic is positivism. Therefore for the man who is a believer in authority in religion and philosophy, it is the fountain head of wisdom. Others however, might find this assurance irritating. But inasmuch as this book and *The Clinic* represent a valuable movement in therapeutics, we would say that the book is worth reading.

One of the chief results of alkalometry has been the controversy as to the possibility of aborting typhoid and pneumonia. And when some alkalometrist says, "For ten years I have had no case of typhoid fever run longer than two weeks," his opponents sneer at the diagnosis. But now that the Widal reaction is conclusive the matter can be settled. Both the alkalometrist and his opponent should have the blood tests made. When this is done it will be nonsense for one physician to ask another, "Did the case run three weeks?" to be sure of the diagnosis. The writer's opinion is that it is an evidence of mental weakness to seek out such names as "bilious remittent," etc., to describe cases of enteritis running for five to ten days. If the Widal reaction is positive (even though weak) they are typhoid; if the malarial plasmodia are there, then it is malaria. Let us not therefore condemn the alkalometrist without examining his patients or at least knowing the results of a fair blood test. And then if it proves true that the system of cleaning out and keeping clean advocated by Dr. Smith in this issue really shortens typhoid, we should all adopt the principle, whether we use the sulphocarbolates or acetozone as the antiseptic.

The binding on the copy submitted to us is not well done, but the type and paper are good.

TOXICOLOGY.—The nature, effects and detection of poisons, with the diagnosis and treatment of poisoning. Cassius M. Riley, Professor of Chemistry in Barnes University and Dean, of Barnes College of Pharmacy, St. Louis. Second Edition, 12 mo. cloth, brevier pp. 122 plus index. St. Louis, L. S. Matthews & Co. 1904.

This is a very concise handbook of toxicology, useful for simple reference rather than for extended study.

MIND AND BODY:—Hypnotism and suggestion applied in therapeutics and education by Alvan C. Halphide, Professor of Medicine in the Hahnemann Medical College of Chicago cloth, 12mo, pp. 231. Illustrated by half tones of photographs. For sale by Lewis S. Matthews & Co., 2623 Olive St., St. Louis. Third edition, 1901.

It is a good thing to read a book on mental treatment now and then just to keep us from becoming lost in the mazes of pharmacology, and this book is not yet out of date. This book with Hudson's Laws of Psychic Phenomena should be on the shelves of those physicians who wish to keep themselves broad and untrammelled.

GENERAL SURGERY by J. B. Murphy, Professor of Surgery in the Northwestern University Medical School, Chicago. Being volume II of the Practical Medicine Series of Year Books (Ten volumes, one issued each month) Cloth, 12 mo., pp. 527 (plus index) Chicago. The Year Book Publishers, 40 Dearborn St., 1905. Price (this volume) \$1.50.

This is a valuable review of the year's literature, especially American, on surgical subjects. It is certainly much pleasanter to read up here the advances in gall bladder surgery than to hunt up the various journals and reprints in which the original reports are contained. The idea of this review work seems to be growing for we have now besides the series before us other series, all of which are growing in popularity.

We recommend the idea to our readers; for we believe that the \$5.50 spent for this series would do the general practitioner more good than three weekly journals at \$5.00 each.

Dr. Murphy has selected from the year's literature the better articles and given these rather in detail instead of merely abstracting the multitudinous effusions of the year. For this we commend him. The greatest advances during the year have been made in operations on the pancreas, stomach, nerves (anastomosis) and in surgical technic. We are coming to the day when the ability to do a neat piece of work will be appreciated, when to be a surgeon, a man must needs have served from three to six years of apprenticeship. A wide reading of this little book by the general practitioners will hasten that day, because they then will be able to criticise the work of men who solicit their surgery.

COUNTY SOCIETIES.

	PRESIDENT.	SECRETARY.	DELEGATE.
Allen.....		J. W. Bolton, Iola.....	
Anderson.....	E. F. Metcalf, Colony.....	J. R. Scott, Garnett.....	J. R. Scott
Atchison.....	C. H. Linley, Atchison.....	A. B. Chase, Atchison.....	E. P. Pitts
Barton.....	A. H. Connett, Great Bend....	O. P. McPherson, Great Bend...	G. O. Speirs
Bourbon.....	M. F. Jarrett, Ft. Scott.....	J. B. Carver, Ft. Scott.....	R. Aikman
			J. S. Cummings
Brown.....	A. Leigh, Hiawatha.....	L. W. Shannon, Hiawatha....	J. J. Comes
			S. J. Herrick
Cherokee.....	J. P. Scoles, Galena.....	H. H. Brookhart, Scammon....	
Cloud.....	A. J. Weaver, Concordia.....	A. R. Marcotte, Concordia....	F. M. Leslie
Decatur.....	H. O. Hardesty, Jennings.....	C. S. Kenney, Norcatu.....	
Dickinson.....	L. Leverich, Solomon.....	Chas. B. Buck, Abilene.....	
Doniphan.....	R. S. Dinsmore, Troy.....	A. Herring, Highland Station...	W. B. Campbell
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Harvey.....	Frank L. Abbey, Newton.....	J. W. Graybill, Newton.....	J. T. Axtell
Jewell.....	O. W. Hughes, Jewell.....	Dr. Allen, Mankato.....	C. R. Spain
Kingman.....	E. W. Hinton, Kingman.....	H. E. Hoskins, Kingman.....	H. E. Hoskins
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Mitchell.....	F. B. Home, Beloit.....	E. N. Daniels, Beloit.....	E. E. Brewer
Montgomery.....	M. A. Finley, Cherryvale.....	W. C. Cheney, Independence....	W. E. Youngs
Norton.....	H. O. Hardesty, Jennings.....	C. S. Kenney, Norcatu.....	
Osborne.....	H. K. St. John, Alton.....	E. A. Henshall, Osborne.....	E. E. Isenberg
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Reno.....	H. J. Duvall.....	Dr. Bauer, Sylvia.....	
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Washington.....	W. M. Earnest, Washington....	Geo. E. Tooley, Washington....	H. D. Smith
Wilson.....	F. M. Wiley, Fredonia.....	A. L. Hearst, Benedict.....	A. L. Hearst
Wyandotte.....	Jno. Troutman, Kansas City....	J. W. May, Kansas City.....	

Notice.—To those physicians to whom I have written soliciting their surgery and offering a percentage of the amount of fee received.

Immediately preceding my writing such letters I received from other surgeons, seemingly of good standing, the same kind of letters and I thought that was the proper method of doing business.

After being severely reprimanded several times I investigated and found I had made a bad mistake. I therefore cancel such offers and solicitations and shall try to live more nearly in accord with the ideas of the best members of our profession.

Respectfully,

Wichita, Kansas, March 17, 1905.

C. T. JONES,

Dr. William T. Councilman of Harvard has been elected as Dr. Osler's successor at Johns Hopkins. Dr. Councilman graduated from the University of Maryland and has been professor of pathology in Harvard since 1892.

Dr. Edwin P. Gilpin who graduated at Indianapolis in 1876 died at Oberlin, March 6, from cerebral hemorrhage, aged 56.

THE HALL OF FAME.

During this year there ought to be four physicians added to the list of worthy dead; in the Hall of Fame in New York; and there will be if each reader will check four names on the list below, then tear out the leaf and send it to this office at once. The nominations close April 15th.

BENJAMIN RUSH

1745—1815, Pennsylvania. Educated Princeton and Edinburgh. Professor chemistry Med. Coll., Phila. (1769). Author of essays on Slavery, Temperance, etc., (1771) oration "Medicine and North American Indians" (1774). Member Continental Congress and signer of Declaration of Independence (1776); Physician to Port of Philadelphia (1790-1793); wrote Medical Inquiries, 5 vols. (1789-98) Treasurer U. S. Mint (1799); wrote Diseases of the Mind (1812).



J. MARION SIMS

1813—1883 Alabama. Conceived and performed the first operation (1845) for the cure of vesico-vaginal fistula. Invented the Sims speculum (1852) which is still in use. Performed his operation with the greatest eclat in all the capitals of Europe. Founded (1855) of great Woman's Hospital in New York City. Granted LL. D. (1881) by Uni. of Penna.



VALENTINE MOTT

1785—1865 New York. In many respects the greatest surgeon this country ever produced. The first (1818) to tie the innominate artery and did more surgery on the large blood vessels than any other man who has ever lived. First to extirpate the clavicle for tumor. Translated Velpeau's "Operative Surgery," a large and very valuable work.



JOHN COLLINS WARREN

1778—1856 Massachusetts. First Professor Anatomy and Surgery in Harvard. Patron of first administration of ether for a surgical operation. Founder of the Boston Medical and Surgical Journal.



DAVID RAMSAY

1749—1815 South Carolina. Benjamin Rush said of him. "I never saw so much strength of memory and imagination united to so fine a judgment." Delegate to the Continental Congress (1776.) Wrote "History of the Revolution in South Carolina" (1785) "History of the American Revolution" (1789) "Life of Washington" (1807) "History of the United States" (1816-19).



WILLIAM T. G. MORTON

1819—1868 Massachusetts. On Oct. 16, 1846 first administered ether to a surgical patient, in the Massachusetts General Hospital, Boston. He devoted the remainder of his life to extending the influence of his wonderful discovery. French Academy of Sciences in 1852 investigated various claims to the discovery and awarded Dr. Morton 2500 francs for having discovered the application of etherization to surgery.



OLIVER WENDELL HOLMES

1809—1894 Massachusetts. Professor of Anatomy, Harvard Medical School (1847—1882). First to call attention to the contagious character of puerperal fever. Coined the terms "anesthetic" and "anesthesia." Best known, however, and most loved for his poems and prose writings, which are too numerous to mention here. "Medical Essays," "Currents and Counter Currents," "Autocrat of the Breakfast Table," "The Chambered Nautilus," are best known.



PLEASE SIGN YOUR NAME.

Spring Medicine—In the spring the organs of elimination do not possess their usual activity on account of having become clogged by the accumulation of poisonous and perverted secretions during the winter months when the skin neglects its duties and the kidneys are overworked.

The symptoms which arise from this condition are very similar to those of malaria, but as the causes are not alike in the least, the treatment should be entirely different, a fact which is often overlooked.

The Tongaline preparations by arousing the absorptive powers of the various glands which have been clogged and by their stimulating action upon the liver, the bowels, the kidneys and the pores, cause these organs to perform their proper functions, thus restoring at once the equilibrium of the system.

Where there are indications of any excess of uric acid, Tongaline and Lithia Tablets (Tongaline 5 grs., Lithium Salicylate 1 gr.) will be found much more effective and satisfactory than lithia alone or lithia waters which contain but a very small, indefinite and variable quantity of lithia salt.

If there are any evidences of malaria, Tongaline and Quinine tablets (Tongaline $3\frac{1}{2}$ grs., Quinia Sulph. $2\frac{1}{2}$ grs), will promptly and thoroughly correct the trouble and overcome any tendency to periodicity.

In Tongaline all the salicylic acid is made from the purest natural oil of wintergreen, the only kind that should be administered internally, as the synthetic product weakens the heart and depresses the entire system.

Listerine Dermatic Soap.—The Lambert Pharmacal Co. has lately inaugurated a new venture in the way of an antiseptic soap which possesses the virtues of Listerine in so far as a soap may. It is only a matter of recent years that especial attention has been given to producing soaps which shall possess a degree of curative power in diseases of the skin and in the care of surgical conditions. A considerable variety of such soaps is now on the market and the mission of the lot is wide; it is safe to say that Listerine Dermatic Soap will prove one of the most serviceable, and will soon make for itself a popularity with the profession in keeping with that which has been established by Listerine.—*Medical Fortnightly*, Jan. 25, 1905.

Poultices—In a recent notification by the surgeon general of the U. S. Army, it is asserted that all the good results from poultices can be obtained in a more cleanly way by the use of wet hot compresses. Hence the order to the army surgeons to drop linseed and linseed meal from army medical requisitions.—*Virginia Medical Semi-Monthly*.

“We highly approve of this order as far as discarding poultices made of putrescible and bacteria-breeding materials is concerned, for that is what has been done by all up-to-date physicians in private practice, but we can hardly recommend the substitute offered.

We supposed that every one in this enlightened age was using Antiphlogistine in all such cases because of its advantages over everything else in permanency, efficiency and cleanliness. Compare Antiphlogistine, renewed but once a day, with hot compresses renewed every twenty minutes and we cannot imagine any one using compresses when Antiphlogistine is available."—(Comment of the Denver Chemical Company.)

Exophthalmic Goitre.—In 1894, Lantz treated two exophthalmic-goitre patients with milk from thyroidectomized goats. The results were so favorable that the treatment was applied to four other patients, all of whom as a consequence showed marked improvement and gain in weight.

In 1894 Drs. Ballet and Enriquez took the blood of thyroidectomized dogs that had lived long enough to experience the blood-changes which loss of thyroid function is sure to entail—and injected that blood into patients suffering from exophthalmic goitre. The results were so encouraging that other practitioners soon adopted the method, or a modification of it. The *Deutsche Medicinische Wochenschrift*, No. 38, 1899, contained a report of three cases of exophthalmic goitre, in the practice of Dr. Burghart, that improved under the treatment, two of them decidedly. Dr. Burghart did not confine himself to the use of injections, but administered a dried alcoholic extract of the blood.

Later, a Darmstadt chemical house prepared a serum from the blood of thyroidectomized sheep, which, administered to patients who had exophthalmic goitre, produced a good effect; it was given both per os and subcutaneously.

A patient of Schultes (*Munch. Med. Woch.*, No. 20, 1892) in whom the symptoms of exophthalmic goitre had been in evidence for four years, with pronounced psychic disturbance at times, is said to have been completely cured in two months by the use of gradually increasing doses of the serum (from the blood of thyroidectomized sheep.)

In 1901 Mobius (*Munch. Med. Woch.*, Jan. 27, 1903), proposed the preparation of a serum from the blood of sheep, from which the thyroid gland had been removed, to be used in the treatment of exophthalmic goitre. He first injected 1 gramme of serum subcutaneously, but subsequently found that better results could be obtained by giving it internally. In his patients, all of whom had been treated for years with various remedies, the circumference of the neck was reduced, the goitre became smaller, and the patients slept better and were less agitated. It is not presumed that a cure can be established by this mode of treatment, but there seems to be sufficient ground to hope for beneficial results.

Messrs. Parke, Davis & Co. have prepared a dried product of the blood of thyreoidectomized animals, called "Thyreoidectin" which appears to produce the effects observed by Lantz, Modius, *et al.* In most of the cases in which it was tested the patients experienced much relief from restlessness, tremor, insomnia, and the usual train of nervous symptoms so generally observed. A gradual reduction of the pulse-rate and in the size of the gland was also noted.

"Sal Hepatica" is a scientific combination of Sodium and Lithium phosphates with the laxative salts of the "Bitter Water." It is very pleasant and most efficient in uric acid troubles and makes an agreeable effervescent drink when dissolved in water. Sal Hepatica is being extensively employed as an eliminant of irritating toxins in the alimentary tract. Unlike most saline laxatives, it is not in the least depressing but on the contrary it is a physiological tonic. "Sal Hepatica" is one of the very few laxatives that are permissible in any form and in all stages of kidney diseases for it is positively non-irritating even when exercising a diuretic and depurating action. Samples from Bristol-Myers Co., 277 Greene Ave., Brooklyn, N. Y.

An Eligible Combination—A number of years ago Dr. James J. Sullivan (University Medical College) New York City, applied the remark, "An Eligible Combination" to a then new preparation of well known synergetic remedial agents. It is almost unnecessary to state that the preparation to which he referred is now well and favorably known as Antikamnia and Codeine Tablets, each tablet containing $\frac{1}{2}$ grain codein and $4\frac{3}{4}$ grains antikamnia. *A fact which should not be overlooked, is that the codeine used in this tablet is specially prepared and purified, is non-constipating, and does not induce a habit. These are some of the particularly advantageous features of the Antikamnia Chemical Company's codeine and are well worth bearing in mind.*

In the harrassing cough of phthisis, or in the pain of pleuritis, in the painful sensation accompanying bronchitis when the tubes are dry and irritable—as they usually are—the blending of the two drugs composing Antikamnia and Codeine Tablets will not be found wanting in action, but will give results that are gratifying to both the patient and the medical attendant. This tablet is a sedative to the respiratory centers in both acute and chronic disorders of the lungs. Cough, in the vast majority of cases, is promptly and lastingly decreased, and often entirely suppressed. In diseases of the respiratory organs, pain and cough are the symptoms which especially call for something to relieve and this tablet does the work. In addition it controls the violent spasms accompanying the cough, which are so distressing.

The Journal

OF

The Kansas Medical Society

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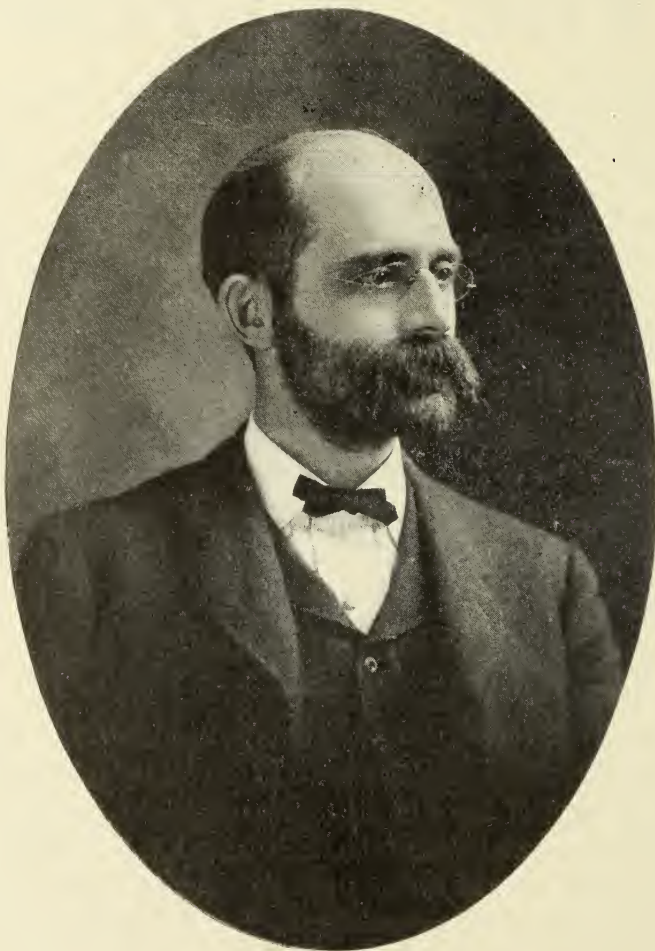
Volume V

May 1, 1905

Number 5

OUR PRESIDENT, 1904-5.

Lawrence Reynolds was born at Woodland, W. Va., August 29, 1860. He finished the graded course in the Medical Department of State University of Iowa in 1884. He practised several years in Iowa, but on the extension of the Rock Island R. R. system through Kansas he was offered the company's surgical work at Horton, Kansas, where more than four hundred injuries occur annually. He was also given the appointment of oculist and aurist at that point. Dr. Reynolds has been a faithful member of the Kansas Medical Society ever since his location in Kansas. He was its treasurer for four years but resigned after being elected the fifth time. He was elected president at Topeka in May, 1904 and has been so energetic that all his part of Kansas has been organized in county societies during the year.



PRESIDENT REYNOLDS.

THE BUSINESS SIDE OF PROFESSIONAL LIFE.*

LAWRENCE REYNOLDS, M. D.,

Horton, Kansas.

Competition is growing closer in all lines of business in which there is not a monopoly. The practice of medicine is no exception. We must as a whole improve in our methods and management. In other words we must get together more, work more in harmony—study better methods.

If we remain unorganized we waste our strength and resources. Organization economizes and strengthens. We must have greater harmony in our ranks, and we cannot well promote harmony without first promoting organization.

We want a channel of communication with every physician in Kansas—no matter where located, both for his benefit and for the benefit of the whole.

There can be no justification for the use of obstructive tactics against the new movement to promote a closer relation in the whole profession. All should be willing to suppress personal matters for the general good of the whole.

Our purpose is not to create a trust or monopoly, but to promote self improvement and protection.

A good medical society furnishes post graduate instruction, arouses ambition and promotes progress. Strong and useful friendships spring up, sources of friction and misunderstanding disappear,

In our efforts to unite the profession of the state, I am sorry to admit that factionalism was found in a good many places and seriously obstructed our work.

This almost ever present factionalism has been the poorest investment the profession has ever made. The only dividends it has ever paid were unrest, discomfort and discord. It is very self perpetuating—seems to blind its subjects, and anesthetise them at the same time.

The "Hoosier poet" tells us, "there is as much good in the bad as bad in the good."

It seems we are always aiming to see how harsh a remark may be justified instead of searching for something of which to make favorable and candid endorsement.

*The President's Address delivered before the Kansas Medical Society, May 4, 1905.

Our contentions greatly lower us in public estimation.

We, of necessity, have to face real and great responsibility and ought not to be embarrassed by rancor and discord among competitors:

Each physician's worry will be sufficient without having it added to and magnified by his neighbors.

Due reflection would avoid many uncomplimentary remarks about colleagues and we should carefully guard this practice. Those who teach and stand high in the profession should set the example in ethical practice and use their influence to promote harmony.

None but the most fit and worthy should ever be encouraged to study medicine. A high standard of personal integrity and morals should be cultivated. Crime in our profession should be discouraged in a most emphatic way. Abortions should be severely and swiftly punished whether by licensed practitioners or not.

The time is fully ripe to bury rancor and get closer together in the spirit, as well as letter of the code. We should be less tenacious of doubtful points. A liberal spirit promotes generosity in others. We should understand that none of us may lay claim to all the virtue. A little unselfishness, even though temporary, is often blessed with great results. Owing to our own imperfections a liberal discount should be allowed in our demands of others. A grain of allowance should be made for reports of the laity about competitors. Public criticism is a great source of irritation to the more sensitive members of our calling. Talk is usually cheap and people generally do not mean all they say.

There should be more mutual sympathy and support. He who has no concern or interest in his neighbors' welfare is not a good citizen. We should be slow to take offense—"Slow to smite but swift to spare." Let us reverse our former methods and cultivate and magnify the good in our colleagues instead of the bad.

I well understand the above is easier said than done, but the compensation in dollars and comfort is ample. To begin with, one side to a factionalism must be the aggressor in curing the condition and if both sides should, at the same time, decide to take steps in the same direction the matter would be exceedingly easy.

A personal experience may be pertinent here:

A few years ago my chief competitor between whom and myself there had been the usual ample foundation laid for permanent antagonism, lacked sufficient influence to hold one of his cases, who came to me for further advice. The case was a surgical one, and I found that the doctor's diagnosis and advise was in my opinion cor-

rect, and the case was sent back better satisfied. This broke the ice, as it were, and I was invited to assist. From this time on our relations were pleasant and of great mutual advantage.

Let us "cast a little bread upon the water" in the way of generosity toward our competitors and I believe we will be well repaid in various ways.

While the great nations of the world are making an effort in the direction of peace and harmony through arbitration, let us do likewise and speedily disarm. To do this we do not need to recognize mere medical pretenders, for the general average ability is becoming perceptibly higher each year in the medical profession, and totally unqualified practitioners are very much scarcer than formerly.

It is much easier to get into trouble than it is to get out and he who hunts for trouble can always find it.

Every physician should be an uplifting influence in his community. He should not like the masses, be a seeker of ease, avoiding responsibility, but should boldly and strongly face his duty. We must place a higher value on good fellowship, and be willing to make greater sacrifices to secure it, when we will quickly find our social and business relations both more agreeable and profitable.

I am glad to be able to report a generally pleasant relation among physicians of my home town and county. I had the pleasure of organizing my home county without hearing a dissenting voice.

We need to utilize every resource at our command and the individuals of our profession cannot afford to stand aloof from medical organization. He who never attends a medical society or post graduate course cannot do his full duty to his patrons.

County meetings need not necessarily be frequent but the essential thing is to have meetings at least once or twice yearly. My home county has adopted the quarterly plan. I have urged our councillors to organize even though regular meetings are not kept up. This will enable the members to maintain membership in state and national associations and have a channel of intercourse in case of needed influence or assistance in harmonizing the actions of different departments of our organization.

Individually our business interests are best conserved, first by thorough equipment both in medical education and needed apparatus, instruments and books; second,

Constant industry, planning ahead and providing for emergen-

cies as far as possible before they occur will prove a great advantage; and third,

Frequent reviews of important subjects will greatly aid us in a quick readiness to do the right thing at the right time.

People generally do not complain of good fees if we make ourselves worth them. A thorough course and equipment cost much more now than formerly, and larger fees are justifiable. I would not advocate an effort to establish a rigid fee bill, but let each physician charge what he considers his services are worth. Competitive or rate wars should never be indulged in as they impoverish those so engaged, and undermine their fitness to practice. The well equipped should not try to compete with the unequalled and will not be required to do so.

A minimum limit except in charity cases might be adopted with advantage. Considerable elasticity ought necessarily to be allowed. Good will and good judgment will regulate sufficiently. Prompt collections should be urged, tactfully, as old accounts are apt to be difficult of collection.

Studious habits will very much lessen the number of cases to be referred to others. One can, by utilizing all his spare moments, acquire a good general knowledge of all the specialties. Clean, well furnished office will prove a good investment, as will also a good list of modern standard medical works. If one gets but a single practical idea from a book, the book is paid for.

It should be known that it is not so much natural ability as plodding, persistent effort that improves and elevates. "Invincible determination together with self reliance are the levers that move the world."

The trend of intelligent medicine is in the direction of more pathology and less drugs.

Each physician should be conscious of the remote as well as the immediate effects of his acts and be especially careful how he treats the weak and unsuspecting lest he initiates habits that may be both serious and permanent. Patent medicines are frequently responsible for permanent and serious drug habits,—especially the alcohol habit. I would pass by this nauseating subject unnoticed had it not always been a part of the duty of the profession to handle unclean subjects. Secrecy is the great prop that holds up patents in medicine and publicity is the remedy for this as for other public evils. If it were generally known that alcohol is the chief and deceitful ingredient in nearly all liquid preparations, their popularity would be greatly lessened. We are told by chemists that alkaloids

and extracts are very difficult of detection. The number of patents containing these are small, and in my opinion analysis and exposure of the contents of the great bulk of patents would explode or seriously wreck the business. The per cent of alcohol contained in the best sellers ranges from fifteen to forty-five. The monopoly of alcohol for internal use seems more and more to be given over to the patent medicine enterprise where it is found in disguise more than any where else. This may be in perfect harmony and keeping with the integrity (?) and morals (!) of its promoters. In its advertisements, catchy promises are aimed at regardless of truth. These advertisements remind me of one given by a dealer in ready made clothing, who at the end of each paragraph, frankly remarked, "That's a lie;" only the remark was not inserted for public inspection.

The mention of a few of our own weaknesses may be pertinent here as we must first know them before we correct them. Common besetting weaknesses and too much interest in politics, fast horses and similar things. Too little reticence in private matters, undignified or unprofessional conduct or bearing. Short cuts to wealth, board of trade dealings and investments in flattering mining or oil stocks are fertile causes of financial shipwreck and ought on account of the well known general bad results, to be avoided.

Intemperance is yet visible in some places in our profession although much less common than formerly. The irregularities, exposures and anxieties of our work sometimes tempt some to resort to artificial props in way of alcohol and other harmful drugs.

Competition is now too close to permit of such folly.

Another evil that seems to be growing is the commission evil. This has been done more than any other feature of modern practice to commercialize the practice of medicine. It seems to be a self perpetuating thing and many are forced into the practice because less scrupulous individuals initiated it. There may be some justice in fee division in some cases, but the patient should understand at least that there is a division. One of the ill effects of the practice is the inducement to commission hunters to hunt up cases who, for some imaginary or unnecessary reason may be persuaded to go to some medical center on account of the prospect of a commission to the sender. It is so easy and profitable to divert a case from one to another that the temptation with some is too great to be resisted.

Finally it is well to bear in mind that about one-third of our population does not seem to desire scientific treatment and will not employ a scientific physician if an irregular or incompetent one can

found. This is a surprise to young physicians but it is due to ignorance or lack of discrimination and may be overcome in time by training and education.

Kansas February Report—Dr. C. F. Johnston, secretary of the Kansas State Board of Medical Registration and Examination, reports the written examination held at Topeka, Feb. 14-15, 1905. The number of subjects examined in was 12; total number of questions asked, 100; percentage required to pass, 75. The total number of persons examined was 24, of whom 21 passed and 3 failed. The following colleges were represented:

College.	PASSED.	Year Grad.	Per Cent.
University of Kentucky.....		(1904)	83
Ensworth Medical College.....		(1904)	79
Kentucky School of Medicine.....		(1898)	80
Eclectic Medical Inst., Cincinnati.....		(1900) 77; (1903)	86
University Med. Coll., Kansas City.....		(1893) 82; (1901) 87; (1903) 79; (1904) 80. 82.	
University of Pennsylvania.....		(1902)	86
Rush Medical College.....		(1893)	83
Chicago Homeo. Med. Coll.....		(1903) 75; (1904)	82
Hahnemann Med. College.....		(1901)	86
University of Colorado.....		(1895)	88
College of P. & S., Keokuk.....		(1895)	85
Louisville Medical College.....		(1904)	81
Northwestern University.....		(1900)	86
University of Virginia.....		(1894)	85
Barnes Med. College, St. Louis.....		(1892)	82

FAILED.

University Med. College, Kansas City.....	(1904)	73
Ohio Med. College, Cincinnati.....	(1880)	72
Physio-Medical College, Indianapolis.....	(1890)	62

—From the *Journal A. M. A.*

CASE REPORTS: A FEW LITTLE ONES.*

CONGENITAL CYST.—Female, *aet* 5 Mo. Excision. Recovery.

LIPO-SARCOMA OF FOOT.—Congenital. Excision of second and third metatarsals Microscopical Report.

TALIPES VARUS.—Incision. Result.

P. D. HUGHES, A. M., M. D.,

Surgeon to Bethany Hospital. Member Wyandotte County Medical Society. Professor of Surgery, College of Physicians and Surgeons, Kansas City, Kansas, President First District Branch Kansas State Medical Society.



FIGURE 1.



FIGURE 2.

Congenital Cyst.—The picture here shown strikingly portrays the effected area both before and after operation. The patient entered Bethany Hospital in December, 1901. Dr. S. M. Riggs, of Muscotah, Kans., advised removal, and with his assistance the operation was promptly done. Upon incising laterally the sac was followed deeply between the spinous processes of the cervical vertebra above the apparent origin of the growth. The connective tissue walls became more and more attenuated. Small clamps were applied and the few remaining strands severed. Upon loosening the forceps they were carefully removed. There being no apparent channel leading to the spinal canal, the adjacent tissue was sutured over the deep recesses of the wound and the more superficial tissues closed,

*Read at meeting of the District Medical Society, Kansas City, Kansas, February, 1905.

after which a dry dressing was applied, encircling the neck and resting on the shoulders. Over this pad reaching from chin and occiput to shoulders a plaster bandage was applied and kept in place several days, when upon removal union was found to be good, with no sign of leakage.

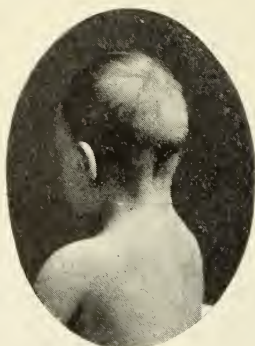


FIGURE 3.

The cyst was found to contain a large amount of serous fluid, limpid in character; the inner membrane smooth and shining like other delicate serous surfaces. The sac was found to contain many connective tissue walls or partitions, dividing the space into many chambers, all inter-communicating apparently or with very delicate septa. We were unable to determine if the cyst originally proceeded from or communicated with the meninges of the cord. At birth the tumor was much smaller than when it was removed. Recovery was complete a short time after operation. (See Fig 3.)

Lipo-sarcoma of Foot.—This patient was referred by Dr. D. A. Iliff, of Cherokee, Kansas, in October, 1904, and was treated at Bethany Hospital. She was then 16 months old, apparently in perfect health with the exception of an enlargement of the anterior half of the left foot. At birth the first toe was found to be much larger than normal, steadily increasing in size, gradually involving the third toe and spreading backward to the middle of the foot. The swollen area was uniform, smooth and of the same color as the rest of the skin. No sharp line of demarkation could be found, the swelling ending more abruptly on the plantar surface. The upper portion showed a few veins slightly enlarged beneath the skin. Upon palpation the tissue felt like a smoothly resistant fat area. The elevated surface on dorsum encroached a little over the first toe

at the base. The plantar surface presented a well marked swelling which did not extend so far back as above. The greatly enlarged second toe and the considerable enlargement of the third toe shows well in the pictures taken before operation. (See Figs. 4 and 5)

A diagnosis of tumor was made and excision was advised, to be followed by several months' application of the X-Ray. It was also impressed upon the mother that it would be necessary to amputate the foot immediately upon the appearance of abnormal growth in the near future or at any subsequent time. The affected area was excised, extending well into the tarsus. The appearance of the foot after the excision was not bad, and in case the tumor tissue was all removed the foot will be a useful one and will be sufficiently strong to walk upon without difficulty.

Dr. F. T. Reyling examined the specimen furnished and reported lipo-sarcoma.

In my opinion the chance of cure without the X-Ray being



FIGURE 4.



FIGURE 5.

used is very slight, for sarcoma is a disease in which recurrence is almost sure to take place, though in some cases only after the lapse of years. Dr. John Wythe, I believe, reports a case of sarcoma of the elbow in which he did an early amputation well above the joint. Recurrence took place at the shoulder after the lapse of six years. In a large number of cases life is destroyed very quickly. One patient treated by the writer appeared at the clinic of the medical college in this city with a rapidly progressing sarcoma of the knee. Amputation was done promptly at the upper third of the thigh. In

less than four months death ensued from sarcoma of the left lung.

I consider lipo-sarcoma of the foot unusual, hence this report.

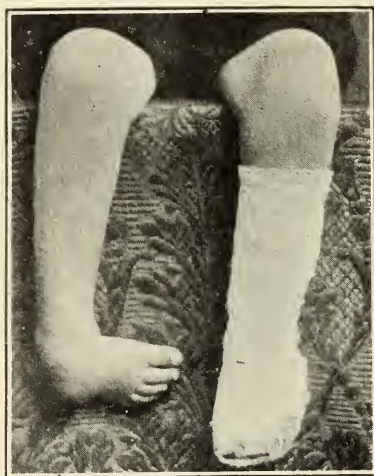


FIGURE 6.

Talipes Varus.—The picture (Fig. 6) shows a bad case of talipes, one requiring a radical operation in order to accomplish very much. The treatment consisted in excising a portion of the skin and part of the soft structure beneath for the purpose of removing the large bursa and thickened skin over the outer and upper portion of the foot caused by the prolonged and undue pressure consequent upon walking upon the presenting portion of the deformed area, excising a considerable portion of bone in the tarsal region, a wedge-shaped piece of sufficient size to allow comparatively easy straightening of the foot, division of the tendo Achilles, the tibialis posticus and the plantar fascia, and the application of a plaster cast, after forcing the foot into an over corrected position. The other foot was subsequently treated in the same manner. After two months treatment the feet were in excellent position and shoes and braces were applied.

Great care is necessary to prevent relapse in this class of deformity.

720 Ann Avenue.

MEDICAL HALF-EDUCATION.

"The so-called medical press exists for the doctors, and that is why it affords such admirable reading, at times, for the rest of us. In extolling the advantages of hospital practice for the newly graduated M. D., *The Medical News* lately told a few plain truths about the worthlessness of the best theoretical instruction: "This instruction is not a completed edifice; it is a mere assemblage of building material—valuable if ultimately cemented together by clinical experience, but little more than useless rubbish if not supplemented by the binding-power of knowledge gained at the bedside."

"The examinations for hospital positions are, of necessity, competitive, and more than half of each year's graduates begin a general practice with little or nothing more than theoretical knowledge to work with: 'Some will ruthlessly trample over the bodies of poor and helpless victims, and thus at last will escape from the mazes of their enlightened ignorance and attain real proficiency. Others, beginning with deeply-rooted misconceptions, are doomed to perpetual blunders which will cost the public dear.' The worst of it all is that the old doctors also are likely to err through ignorance of recent advances in a profession that is rapidly developing new fields.

"There are times, of course, when the worst physician is better than none at all. But it may fairly be said that more people die from too much treatment than from too little. In most cases regular habits, time and the body's own recuperative strength are the best of physicians. The wisest doctors, when they talk in confidence with one another, are frankest in owning to the difficulties of their art and the futility of much of what passes for treatment."

Waverly, Kansas, April 20th, 1905.

Editor Journal Kansas Medical Society, Lawrence, Kans.

DEAR SIR: In nearly every issue of the *Saturday Evening Post* the editor has something in the nature of a roast for the doctors. The enclosed article (see above), under the caption of "Medical half-education," however, caps the climax.

As usual, at the end of his article he informs the public that he is on the inside concerning what doctors really believe, and he practically states that the practice of medicine is a fake except on rare occasions, "when the worst physician is better than none at all." Notice his "In most cases regular habits, time and body's own recuperative strength are the best physicians." As if the guiding hand of a skillful physician in a lingering disease was futile. He might as well say, a pilot on a ship in a storm was of no use, that a ship could avoid the rocks and shoals as well without him as with him. I am of the opinion that this editor of the *Post* takes patent

medicine on the sly. I say this in all seriousness. A man who has probably never seen the inside of a medical college, and then, because he read a few lines in the New York Medical Record, is ass enough to dictate to the public concerning hygiene and allied sciences, is enough of an educated fool to take Pe-ru-na and say its "helpin' him." Little wonder that the patent medicine fakir flourishes when a man of Lorimer's caliber edits two papers with a combined subscription of 1,800,000. He is just like some of our congressmen who praise Pe-ru-na. He thinks, of course, that he is right. Truly, "a little learning is a dangerous thing."

Fraternally yours,

T. C. HINKLE. M. D.

Fourth District—We organized a county society in Marion county, April 5, with fourteen members out of twenty-four in the county, and elected Dr. Buck of Peabody, and Dr. Marvin of Marion, Sec'y. I also organized Sumner county last Wednesday, with fifteen members, and I think will organize Chase county before the state meeting. I hear they have organized in McPherson county, but have heard nothing from them.

O. J. FURST.

Smith County—At a meeting of the Smith County Medical Society held at the office of Dr. Relihan, in Smith Center, on April 6, the following officers were elected for the ensuing year: President, B. W. Slagle, Smith Center; Vice-President, W. C. Bower, Lebanon; Secretary-Treasurer, D. W. Relihan, Smith Center; Delegate, D. W. Relihan. All physicians except two of Smith county are members of this society.

D. W. RELIHAN, Sec'y.

Sumner County Medical Society—President, S. T. Shelley, Mulvane; Vice President, H. A. Vincent, Corbin; Secretary and Treasurer, T. H. Jamieson, Wellington; Delegate, J. L. Halliday, Wellington; Censor for 1 year, S. W. Spitler, Wellington; Censor for 2 years, F. G. Emerson, Wellington; Censor for 3 years, W. E. Bartlette, Belle Plains; J. J. Sippey, Belle Plaine; F. B. May, Hunnewell; G. R. Waite, Milan; T. J. Hollingsworth, South Haven; D. E. Hoener, Perth; Eugene Pile, Portland; Melvin Collins, Oxford; F. C. Owens,

Argonia; R. A. McIlhenny, Conway Springs; I. T. Gebhart, Caldwell; D. E. Kisecker, Caldwell; L. F. Harmon, Wellington; W. M. Martin, Wellington; H. L. Cobran, Wellington; J. A. Rae, Wellington; J. M. Hunt, Wellington.

The Harvey County Medical Society met in regular session April 3, in J. W. Graybill's office. The following members and visitors were present: Members, Drs. Axtell, Miller, Cooper, Bennett, MacElree, Smith, Smolt, Abby, Henry and Graybill. Visitors, Drs. Royer and White. Dr. A. E. Smolt read a paper on "catarrhal croup." While this is a very simple affection a sharp discussion followed in which it was brought out that the most important duty for the physician to perform when called to these cases of so-called croup is to make his examination thorough, and at the first indications of diphtheric croup begin antitoxin. After the meeting the members and visitors went to Murphy's Hotel, where a three-course banquet was served.

J. W. GRAYBILL, Sec'y.

Annual election of officers of Lyon County Medical Society. The twenty-third annual election of officers of the Lyon County Medical Society was held in Emporia, April 4, 1905, at the office of Drs. Page and Nutting; a good attendance was present. The following officers were elected for the ensuing year: President, Dr. J. B. Brickell, of Americus; Vice President, Dr. O. J. Corbett, of Emporia; Secretary and Treasurer, Dr. D. L. Morgan, of Emporia; Censors, Dr. J. J. Foncannon, of Emporia, Dr. G. A. Biddle, of Emporia, Dr. J. M. Parrington, of Emporia. After election Dr. Parrington related a recent clinical experience, the case was thoroughly and ably discussed among the various members. After the discussion the society adjourned to the Mit Way Hotel, where the out-going president, Dr. F. A. Eckdall banqueted the members and delivered his annual address, which was received with great applause, also acted as toast master, calling on each member for a talk for the good of the order. This society is one of the oldest, largest and most active county societies in the west. All of its members are members of the State Medical Society and graduates from the best colleges throughout the United States. The society meets once a month, the purpose of the organization is to elevate the profession and make better physicians. Various papers are read and discussed by each member, and all are profited thereby.

D. L. MORGAN, M. D., *Secretary*.



DR. LEWIS H. MUNN.
Treasurer of the Kansas Medical Society.



DR. CHARLES S. HUFFMAN.
Secretary of the Kansas Medical Society.

THE WICHITA MEETING.

GENERAL SESSIONS.—WEDNESDAY MORNING.

At the Wichita hospital Dr. Oldham operated in one room and Dr. Basham in another. The cases shown were herniotomies and appendectomies.

At the St. Francis hospital the following cases were shown:

(DR. SHELLEY'S NOTES.)—Patient suffering from extreme nervousness, depression, oppressive headache and a feeling as if she might do herself harm. Illness lasted eighteen months. During time menstrual period has always been too long. Womb is retroverted and adherent. Operation, ventral fixation and removal of one ovary.—(Bowers.)

Female, 19 years old, every week one to two attacks of colicky pain in epigastrium with tenderness all the time; last attack of pain three weeks ago, but followed by jaundice. Tumor in epigastrium. Operation—opened gall bladder, found no stones but inflammation of lining and enlargement of head of pancreas.—(Bowers.)

Patient 47 years, female, married. Had severe pain in epigastrium in February, had several such attacks, vomited sometimes—blood once. Constipation, pain when bowels moved. Tumor in middle of abdomen which seemed to have grown from above down. Temperature usually above normal, often 102. Opening abdomen clear serous liquid escaped in large quantity; peritoneum very thick and internal surface roughened and that covering omentum and intestine so thickened as to have appearance of the liver when exposed to view. Tubercular peritonitis with extensive adhesions. Wound closed.—(Bowers.)

Male 20, operated upon for appendicitis about a year ago. Since then has had attacks of pain similar to attacks before operation. Operation revealed appendix unremoved at former operation with a large concretion at distal end. Removal and closure of wound.—(Fabrique.)

At both hospitals refreshments were served the guests and every courtesy shown. Wichita is to be congratulated on her hospitals.

WEDNESDAY AFTERNOON.

At 2:30 in the hall DR. G. C. PURDUE presented a case of bilateral dislocation of the sixth cervical vertebra, recommending active treatment.

DR. HOFFMAN presented case thrown from sulky plow on to head and shoulder, leaving a continuous nodding of head. Motion ceases when he lies down. Reflexes normal. The only pain a headache.

DR. PURDUE presented a case after resection of knee joint (tuberculosis following injury) the soft tissues still infected.

DR. PURDUE presented three cases of prostatitis. Two operated and one unoperated. The latter patient has used catheter every two or three hours without disinfection of catheter.

DR. BASHAM presented case of child with complete atresia of œsophagus from swallowing concentrated lye. Performed operation of gastrostomy December 20 with introduction of rubber catheter No. 16, child fed through this every three hours. No irritation from catheter, changed every 4 to 6 weeks. Indications in this case are—later on to do gastrotomy and stretch stricture from below. This failing, nothing left but a cervical gastrotomy. Child has never swallowed drop of anything since injury, not even water, but nourished wholly through tube. Fairly well nourished and walks about.

DR. PURVES showed case of facial paralysis in man of rheumatic diathesis. History of exposure to cold, suddenly followed by paralysis of right side of face and impairment of hearing, due to involvement of 5th n. probably at or below its entrance into stylo-mastoid foramen. Physician's examination gave no evidence of deep origin. Treatment indicated massage, electricity, hot applications. Prognosis, guarded, but fairly good recovery may be expected.

DR. HOFFMAN presented case complaining of a chronic gastric trouble extending over period of fifteen years, seemingly a sequel of typhoid fever. About ten years ago sustained injury by kick of horse in abdomen, since which time, added to previous gastric disturbance, pain after eating has been prominent symptom. Physician examined negative excepting red tongue. Dr. Hoffman proposed lavage and examination of stomach contents and a later report of case.

The medical clinic was under the direction of Dr. Hoffman.

THURSDAY MORNING.

After the reading of notices, the symposium of nervous and mental diseases was opened by DR. GLASSCOCK with a paper on exophthalmic goitre. He recommended operative interference.

DR. BIDDLE of Topeka read a paper on hyperacute mania. This follows great physical, mental or moral strain. Death follows usu-

ally within two weeks. The prodromal stage is characterized by depression with insomnia. He recommended the continuous bath with forced feeding.

DR. MUNN related a case of railway injury where there had been great simulation of nervous injury.

DR. LINDSAY gave a general discussion of traumatic neuroses. He believes that real injuries may occur without objective symptoms of lesion. Dr. Lindsay detailed a case of injury at McPherson where the trauma seemed practically confined to the psyche.

DR. GODDARD presented a discussion of the demarcation between nervous and mental diseases. His thesis was that many of the simple erraticisms and nervous "spells" are real psychoses. He quoted from Dr. Stephen Smith's recent article in *Everybody's Magazine*.

DR. UHLS of Osawatomie led the discussion.

DR. DAVIS of Topeka spoke against a too sharp delimitation between sanity and insanity.

DR. MCGUIRE spoke of profanity as an evidence of insanity and asked if mule drivers were insane.

DR. MUNN said that neuroses occur only when soil is favorable.

DR. BIDDLE discussed the hemorrhage present in Dr. Lindsay's case and thought it might be due to the condition of the blood rather than of the nervous centers.

DR. GODDARD spoke of popular feeling on the matter of damage suits against corporations. Delayed symptoms are caused by the slow ascent of the degeneration along the nerve fibres from periphery to centre.

DR. GLASSCOCK decried partisan expert testimony.

The ophthalmologic symposium was opened by DR. MASER, who related a case of detached retina which was cured by operation, a rare result.

DR. SCOTT believed that every general practitioner should have a room fitted up for laryngoscopic and ophthalmologic examination. He should know as much about the eye as about the stomach. Dr. Scott portrayed the ignorance and inefficiency of opticians.

DR. MAGEE discussed the papers showing that the cure of detachment depended on what lay behind the detached portion. Although a specialist Dr. Magee believed that the general practitioner should use the ophthalmoscope.

DR. ALKIRE doubted the value of operative treatment for detached retina in any long series of cases. He believed that detachment of retina might be averted by the general practitioner's noting more carefully cases of iridocyclitis and similar troubles.

DR. ESTERLEY extended the application of Dr. Scott's paper and demanded a knowledge of glaucoma and the use of atropin.

DR. HAYS opposed Dr. Scott's views and thought that the general practitioners would do more damage than good.

DR. CHAMBERS said that every doctor should know his limits in everything.

DR. LATTA said that we should study the eye.

DR. HAMILTON said that he found glasses prescribed by general practitioners were usually wrong.

DR. BOLTON said that too much work should not be sent to the specialists, but that the general practitioner should handle as much as possible.

DR. JARRETT said that a little knowledge is a dangerous thing and that the general practitioner should know a good deal or let the eye alone.

DR. DAVIS protested against too much specialism.

DR. FULLENWEISER called attention to the importance of glaucoma.

THURSDAY AFTERNOON.

The president read his annual address which is printed elsewhere in this JOURNAL. Following this DR. PURDUE read a paper on gall bladder disease, advocating early operative interference in all chronic cases. His paper was notable as a complete summary of the literature on the pathology of the biliary tract.

DR. WELCH endorsed the paper.

DR. P. D. HUGHES pleaded for early operation. In discussing technique he stated there was no need of attaching the bladder to the parietes. It is not necessary to remove gall bladder unless the middle coat is infected. There are no solvents for gall stones.

DR. MUNN said that mortality should not exceed 0.5 per cent.

DR. GLASSCOCK presented cases where there were long intervals between the attacks.

DR. DUVAUL spoke of pancreatic involvement producing diabetes.

DR. RILEY read a paper on the status of the country practitioner as surgeon. He deplored the avoidance of operative treatment by country practitioners. He advocated the education of the public as to the ability of home talent.

DR. HUGHES said that the country practitioners are better equipped today than the average city man.

DR. SAWHILL said that the general practitioner should limit his work to his competence.

DR. BLAISDELL advocated letting the conscience dictate what should be done.

DR. AXTELL spoke of the advance in education. The after care of the patient usually determines the success of the operation.

DR. WELCH said that ability to meet emergencies came only with experience.

DR. BIDDLE was afraid to do capital operations.

DR. BOWERS lectured on the hypertrophy of the prostate.

Recess 10 minutes.

DR. BASHAM read a paper on esophageal stricture advocating the use of bougies. In severe cases gastrostomy is recommended.

DR. HUGHES stated the contra-indications for prostatectomy. The tendency is toward the perineal prostatectomy. He gave the technique of his operation.

DR. LONGENECKER on the surgical treatment of the pancreas. The cause of pancreatitis is usually stone in the common duct. He advocated operation under the same principles as in appendicitis. The diagnosis should be made from a study of the stool.

DR. HUGHES related cases showing the difficulty in diagnosing pancreatitis and the difficulty in treatment.

THURSDAY EVENING.

DR. NAISMITH discussed deformities, based on his observations among students in the University of Kansas. Dr. Naismith paid special attention to the causation and development of deformity. Restore nutrition, restore motive power, then voluntary use.

DR. J. D. CLARK exhibited two specimens, one of compound fracture of the ankle and the other of the 6th cervical vertebra. He then read a paper reporting 65 cases of fracture.

DR. AXTELL elaborated Dr. Naismith's methods of treatment. Urged anesthesia in the reduction of fractures.

DR. JONES recommended impervious coverings for plaster of Paris dressings.

DR. PURDUE spoke of the great value of the Maxwell splint.

DR. SAWHILL described two cases of fracture illustrating points in Dr. Clark's paper.

DR. HUGHES advocated the free incision and retraction of the tissues in order to clean thoroughly the wound. He urged also the opening of the spinal canal in fracture of the vertebra.

DR. MITCHELL feared to use cardboard for Colle's fracture and recommended a splint formed from plaster of Paris.

DR. BOLTON endorsed the Maxwell splint.

DR. BOWERS spoke against traction for fractures of the neck of the femur.

DR. GODDARD spoke against the use of splints for deformities.

DR. BROWN told of a case where a piece of horses' hoof was within the skull.

FRIDAY MORNING—GENERAL SESSION.

DR. FRANK L. ABBEY of Newton read a paper on anesthesia, recommending the use of the Esmarch inhaler for both chloroform and ether.

Drs. Hutchinson, Brown, Sutton, Ross, Munn, Longenecker, McGuire, Blaisdell, Riley, Hertzler, Scheneck and Haldeman discussed the paper.

DR. AXTELL of Newton in speaking of the scientific basis of medicine showed that a knowledge of pathological processes lay at the bottom of all scientific advance in medicine. He detailed the history of the knowledge of immunity.

DR. JAMIESON echoed the sentiments of the speaker.

DR. J. M. LATTA showed that immunity has been known for centuries.

DR. MITCHELL discussed fever as a protective reaction.

DR. BLAISDELL spoke of science as the accumulated knowledge of the ages, so that science in one generation is not science in another.

DR. JONES spoke of the discovery of the antiseptic value of alcohol.

DR. CHAMBERS showed that nervous reactions are now becoming more important than infectious diseases and that a scientific basis for these must still be sought.

DR. ELTING said that the effort should be to preserve and increase the natural immunity.

DR. LATTA, on the physical basis of fatigue, spoke of the accumulation in the muscle or nerve cell of the products of activity.

DR. BOLTON spoke of the use of nitrate of strychnine (1-20 grain 4 times daily) in tuberculosis.

DR. MITCHELL of Iola read a paper on psychics in the practice of medicine, showing that the rise of irregular medicine has been due to superstition and the misinterpretation of mental phenomena. The induction of faith in the patient is the secret of successful practice.

DR. DAVIS opened the discussion by classifying the views of disease origin.

DR. JONES spoke also.

FRIDAY AFTERNOON.

DR. HOXIE read a paper pleading for more rationalism in therapeutics and a better study of drug action.

DRS. PURVIS, LATTI, SAWHILL, HART and others discussed this paper urging the abandonment of combination drugs.

DR. JAMES GRAHAM read a paper showing that tubercle bacilli can be produced from infusoria and stating that he had produced typical tubercles by feeding infusoria to rabbits.

DR. S. S. HAURY read a paper on infantile scurvy showing that proprietary and preserved foods are probably responsible for its rapid increase. Even sterilized and peptonized milks may cause infantile scurvy.

DRS. SAWHILL, ABBEY, CARLYLE, and DUVALL discussed the paper.

In the absence of the author Dr. Hoxie read a paper by Dr. M. M. HART of Macksville on medical ethics.

The society then voted its thanks to the Wichita physicians and especially to Dr. Gsell; and adjourned.

COUNCIL MEETING—WEDNESDAY AFTERNOON.

It was decided that bonds must be given by officers elected at this meeting, viz: Secretary, \$1,000.00; Treasurer, \$2,000.00.

It was decided that applicants for membership to the state society should be allowed to subscribe for the JOURNAL, and the receipt therefor should be good for \$2.00 when the applicant joins a county society.

Councillors' bill allowed amounting to \$183.93.

Secretary's bill of \$191.02 also allowed.

WEDNESDAY EVENING.

The House of Delegates met and listened to the year's reports. It voted to allow the Councillors to appoint deputies when necessary to carry on efficiently their work of organization and supervision. It voted also to increase the number of councilor districts to eight and to apportion them as follows:

1. Nemaha, Brown, Doniphan, Jackson, Atchison, Jefferson, Leavenworth.
2. Woodson, Allen, Linn, Bourbon, Wilson, Neosho, Crawford, Montgomery, Labette, Cherokee.

3. Republic, Cloud, Jewell, Mitchell, Smith, Osborne, Rooks, Phillips, Norton, Decatur, Rawlins, Cheyenne.

4. Barton, Rice, McPherson, Marion, Chase, Greenwood, Butler, Harvey, Reno, Stafford, Pratt, Kingman, Sedgwick, Elk, Chautauqua, Cowley, Sumner, Harper, Barber.

5. Washington, Marshall, Clay, Riley, Pottawatomie, Dickinson, Geary, Wabaunsee, Shawnee, Morris.

6. Greeley, Wichita, Scott, Lane, Ness, Rush, Pawnee, Hodge-man, Finney, Kearney, Hamilton, Stanton, Grant, Haskell, Gray, Ford, Edwards, Kiowa, Comanche, Clark, Meade, Seward, Stevens, Morton.

7. Lyon, Osage, Douglas, Johnson, Wyandotte, Franklin, Miami, Coffey, Anderson.

8. Ottawa, Saline, Lincoln, Ellsworth, Russell, Ellis, Graham, Trego, Sheridan, Gove, Thomas, Logan, Sherman, Wallace.

Stenographer's Notes.—Roll call by Secretary. Minutes of last meeting read and approved.

The Council recommended that Sec. 3, Chapter VI of Constitution be amended so that first line should read:

"The Treasurer shall give bond in the sum of \$2,000 instead of \$1,000," and also, Sec. 4, Chapter VI, the last line should read, where it refers to the Secretary: "His bond shall be for the sum of \$1,000 instead of \$500." Adopted and laid over until next annual meeting.

Following resolution presented, passed upon and adopted :

Resolved, That the Councillors be empowered to appoint Deputy Councillors to assist in the organization and to promote the interest and welfare of the profession in their respective districts.

Dr. Hoxie presented the following resolution:

Resolved, That the price of The Journal of the Kansas Medical Society be \$2.00 a year, and that receipts for the subscription price be received by the Secretary of this Society as full payment for dues for current year, when sent in by Secretaries of component county societies. Adopted.

Dr. Connor presented the following resolution:

Resolved, That the number of Councillors be increased to conform to the number of districts, namely, eight.

J. A. H. Webb presented the following resolution:

Resolved, That Sec, 3, Chapter IV, shall be amended to read: "25 delegates constitute a quorum." Laid over a year.

FRIDAY MORNING.—HOUSE OF DELEGATES.

It was decided that each member should be provided with a certificate of membership.

In the election of officers, Dr. C. E. Bowers of Wichita was elected President on the first ballot.

Vice-Presidents: H. R. Ross of Sterling, J. D. Riddell of Enterprise, L. M. Powell of Topeka.

Secretary: Dr. Huffman was re-elected as Secretary for three years.

Treasurer: L. H. Munn was re-elected.

Librarian: S. G. Stewart.

Delegate: L. Reynolds.

Councillor, Fourth District: O. J. Furst, three years. Second Dist., M. F. Jarrett, two years. Third Dist., F. M. Dailey, one year. First Dist., C. C. Goddard, three years. Fifth Dist., H. L. Alkire, one year. Eighth Dist., A. L. Cludas, two years.

Topeka was selected as place of meeting. Time of meeting referred to the Council.

NOTES.

The entertainment by the Wichita physicians was very cordial and agreeable. The clinics on Wednesday were especially interesting.

Chancellor Strong had been making a lot of commencement addresses and was seized by an attack of tonsillitis at Independence on Friday morning, and could not reach Wichita. This was specially regretted, because many had come to Wichita in order to meet him.

Dr. McGuire, of Topeka, proved such a good toastmaster last year that the Wichita brethren made him preside again this year at the smoker. He sustained his reputation. We hope that he will get a good collection of material ready for us next year at Topeka.

This meeting has demonstrated the success of our new method of organization. It is now up to Dr. Bowers to bring 400 physicians to Topeka.

What we need is unity. To that end we advocate the hearty support of the Kansas train for Portland; the patronage of the JOURNAL advertisers; some fatherly advice to men who want our patronage but do not support the JOURNAL. Magnify our society and its work and it will repay you.

County Secretaries should now begin to gather up material for our next meeting. For example, one of our best papers was that of Dr. Haury, just sent in by the Harvey county society.

People who think that the office of Secretary is a snap, should have watched Dr. Huffman trying to do three things at once; even with Dr. Hoxie's volunteer assistance, his hands were more than full.

Mr. Herriman of the Allison Company was the only exhibitor. His personality as well as his goods made him an agreeable guest. We hope for his presence next year, but in that connection we would say now that only advertisers in our JOURNAL may have space in the building.

We did not get enough railroad certificates to secure the special rate. This was due to the fact that over a third of the men have passes and that the Topeka delegation had secured a special rate. This need not happen next year, because, (1) we shall have a larger meeting, and (2) the members are going to be more thoughtful about bringing certificates.

Dr. Sawtell, of Kansas City, was appointed to act as councillor for the Seventh District (from Kansas City to Emporia), and Dr. W. H. Graves of Dodge City for the Sixth District (Southwestern Kansas).

Dr. Cheney, President of the Golden Belt, calls the Eighth District (from Saline county westward), the "shoe string district."

Iola wanted the next meeting, but the delegates feared lest the town be too inaccessible. Salina also wanted it, but was refused for the same reason.

Dr. Hoxie was reappointed editor and given an honorarium of \$200, for which he bows his acknowledgements. Hitherto the JOURNAL has been to him a serious loss of time and money. With the start already made and an increased *esprit du corps* on the part of our membership, the next twelve issues of our Journal ought to be a great improvement on the preceding twelve. Are you going to help?—or hinder?

County Secretaries should send their money to Dr. Huffman, but their monthly reports to the JOURNAL.

It is a fact worth pondering that the State Board of Health and the State Board of Medical Registration are not only independent of the organized profession, but even ignore it. We get reports from the latter board only by copying them from the *Journal A. M. A.*! The new secretary of the former board, however, sends the JOURNAL his bulletins, for which we thank him. Again let us say, we need unity in Kansas.

At Wichita there appeared with the Kansas City delegation a large bundle of a new journal entitled *The Wyandotte County Journal*. It seems to be a very local production, because the major portion of its advertisers are the grocers and butchers of Kansas City, who supply Grandview Sanitarium. In spite of its glass house it proceeds to throw stones at us for carrying the Antikamnia advertisement. We shall watch the new journal with interest—and sorrow. With sorrow because it dissipates the solidarity which should characterize the Kansas profession. Dr. Purves gave up the *Wichita Journal* for the benefit of Kansas medicine; why does not the same argument appeal to “Wyandotte county” ?

The new officers should remember that under our new organization the holding of a meeting at Topeka is the least of their work. The whole aim of our society is to organize the profession of Kansas. There is no room for politics or personalities; we must submerge ourselves for the “good of the order.”

THE KANSAS MEDICAL COLLEGE.

The Kansas Medical College, now the Medical Department of Washburn College, has been an active member of the Association of American Medical Colleges since its organization and has always been heartily in sympathy with its principle of higher medical education.

Desiring to maintain the good name which the Kansas Medical College has always enjoyed and to directly promote the interests of

the profession in Kansas, the management of the Kansas Medical College is making every change necessary for increasing the facilities for practical teaching in the various departments, especially in the clinic department.

The Association of American Medical Colleges provides for a four years course consisting of 4000 hours, 1240 of which shall be devoted to clinical instruction. The Kansas Medical College will more than meet this requirement.

It is our belief that the careful, daily, study of diseases from the onset to the termination better qualifies the student for the practice of medicine and is superior to the usual custom of seeing a large number of patients only once, at which time the diagnosis is made and the treatment outlined, with no possibility of the student ever learning the correctness of the diagnosis or the results of the treatment. The clinics at the Kansas Medical College will be ample and so arranged as to enable the student to observe and study the cases from the onset to the termination.

Dr. W. S. Lindsay has been elected dean and Dr. W. E. McVey secretary.

THE SCHOOL OF MEDICINE OF THE UNIVERSITY OF KANSAS.

The School of Medicine of the University of Kansas will give for the first time next September a full four years medical course. The requirements for entrance will be for the present, graduation from a four years high school. As soon as possible a year of college work will be added to the requirements, and finally two years of college work, although it is very improbable that the requirements will be graduation from college. The four years course will give the graduates of the School of Medicine the degree of M. D. The University has also established a six years course which will give the graduate both the A. B. and M. D. degree, enabling him to combine at least two years of college work with his medical course.

The first two years of the course will always be given at Lawrence, where the laboratories are the largest and most complete in the southwest. They will be still further enlarged during the coming summer. How exhaustive the laboratories are may be judged from the fact that there are sixty-five separate laboratories in the University of Kansas.

A feature of the course of study will be the granting of credit for work done as special under-assistants in accredited hospitals both state and private. That means that students will be given the opportunity to work for six months in certain hospitals and will receive a partial credit for the time thus spent—enough to permit the student to graduate at the end of four years. While this service is optional, it is nevertheless of such tremendous value that there will be a demand greater than the supply of positions from the first.

The Association of American Medical Colleges has placed the requirement for a four years course of study at 4,000 hours. The University of Kansas School of Medicine will give its students a course of over 4,000 hours (the work in laboratory and clinic counting only one half that in lecture or recitation, so that the time actually spent in both laboratory and recitation will be more than 5,000 hours) that is, giving four years of 36 weeks each instead of four years of 27 to 30 weeks each. The higher requirements for admission and the greater length of the course, together with the large laboratory facilities, will all operate to increase the value of the degree granted by this school.

It is impossible to give at the present time the details in regard to the organization of the faculty. No effort will be spared, however, to connect the best men in the southwest in active affiliation with the school.

The University has at its disposal at Rosedale, in an excellent location, a seven acre plat of land available for laboratory and hospital purposes. At this point will be built a thoroughly equipped laboratory for clinical medicine and surgery, and as rapidly as possible there will be added dispensaries and other buildings. Bell Hall, located on Southwest Boulevard, has already been secured for administrative and preliminary work. In these laboratories it is expected real discoveries in medicine will be made and every facility to that end will be furnished. It is intended that the new medical school shall not only be a teaching organization but it shall be an organization for original research, somewhat after the fashion of Johns Hopkins Medical School. In this connection a thorough post

graduate course in medicine will be developed and will be open to all members of the profession desiring its work. In charge of the clinical laboratories will be Dr. Frank J. Hall and Dr. Arthur E. Hertzler.

In surgery the school will have the services of Drs. Binnie, Blair, Coffin, Frick, Gray, Griffith, Hughes, Hyde, Kaster, Munn, Perkins, Robinson, Schaufler, Simmons, Stemen and others, together with a large dispensary staff.

In internal medicine will be Drs. Bruehl, Gayle, Harrington, Longenecker, Lutz, Murphy, Schaufler, Sloan, Sterritt, Taylor, Wolfe, etc. Great emphasis will be laid upon diagnosis, and facilities will be provided in every term for this work.

In the specialties the University of Kansas has secured the services of Drs. Block, Curdy, Foster, Frick, Fryer, Glasscock, Goddard, Hall, Kuhn, Hanawalt, McBride, Magee, Morrow, Sawtell, Scott, Thompson, Thrailkill, Troutman, etc.

Besides the above list a considerable number of the best trained men in Kansas have been, or will be secured to give courses of lectures upon appropriate subjects. The details of this group have not yet been worked out, and the following list is therefore by no means complete: Langworthy of Leavenworth, in genecology; Huffman of Columbus and Morgan of Clay Center, general practice; McGuire of Topeka, for special work in internal medicine; Basham and Bowers of Wichita, on surgical topics; Morse of Lawrence on the history of medicine; Chambers of Lecompton on general practice, etc.

It is planned to give instruction in massage, hydrotherapy, electrotherapy, and the other branches of physical therapeutics. The University of Kansas, in other words, wishes to send out graduates well equipped in all that pertains to successful modern practice.

The fees on the average will be very moderate. For the first two years at Lawrence there will be a matriculation fee of five dollars to be paid at once and an incidental fee of twenty-five dollars for residents of Kansas, and a matriculation fee of ten dollars to be paid but once and an incidental fee of thirty-five dollars per year for non-residents. For the last two years the students will probably pay for each course taken, thus leaving the total to the election of the student, with the restriction that the requisite amount of required work be done. At any rate the total should not greatly exceed seventy-five dollars a year.

The School of Medicine will have exhaustive hospital and dispensary privileges. A separate corporation will assume control of the dispensary now located in the building of the Medico-Chirurgical College for the benefit of the University of Kansas. A large dispensary will be built up there. Another dispensary, it is expected, will be developed near Bethany Hospital in Kansas City, Kansas, and a third and smaller one in Rosedale. The various state hospitals will be available with such clinical facilities as they may have at hand, and will offer very considerable advantages to the new School of Medicine. Bethany and other hospitals in Kansas City, Kansas; St. Joseph's Hospital, the German Hospital, the Women's and Children's Hospital, and others in Kansas City, Missouri, will be available for the clinics of the teaching staff of the new school.

GOOD ADVICE.*

SENECA, KANSAS, April 6, 1905.

Dear Doctor:

"Nemaha" does not appear in the published list of county societies, current number of the JOURNAL of the Kansas Medical Society. We all regret this, we have proven our loyalty to the National, State and County societies.

Thursday, April 13, 2 p. m., our county society will meet in Seneca to transact the annual business and adopt the county bylaws. Without a formal program there will be plenty to interest us. Look up your bylaws, see what we need, bring them with you.

No personal consideration is important enough to excuse one from active participation in the regular meetings of our profession. Without medical societies there would be no medical colleges, no efficiency nor responsibility. We owe everything to society and organized progress. The eternal verities have inexorably made us

*A circular sent to Nemaha county physicians but one applicable to us all.

men, citizens and workers. If good at all it must be in this order; good physician, better citizen, best of all, a man, each individual, like one of the several organs and faculties of the body, of necessity is part of a harmonious organization. Separated from his normal relations he is dead matter, filth. As a man, citizen and worker, he is utterly recreant and unworthy; of so little account, except as a parasite, that it is not certain that there is any scheme in the universe for even damning him.

The secretary is the chief of sinner; but we all want to do better.

If you cannot possibly come, send a letter with your dues for 1905, \$3.00. Also send your annual dues, \$5 00, to the *Journal of the American Medical Association*. You owe it, ask for a certificate of membership, (you will get it) and the JOURNAL for a year. Get ready and go to the meeting at Portland; for "when you die you will be a long time dead." Sordid or penniless? Which is it? Neither! Well, then get a move on you, scurry over the western plains and mountains and through the forests and get some of the moss scraped off of you,

S. MURDOCK, SR., Pres.

N. HAYES, Secy.

Nemaha County Medical Society.

Readers will please read the supplement with this issue and see the railroad announcement for Portland.

Kansas was not represented at the meeting of the Council on Medical Education of the American Medical Association at Chicago, April 20, 1905. The governor had designated Dr. G. F. Johnston as our delegate.

Typhoid vs. Tuberculosis.—J. A. Wyeth, New York (*Journal A. M. A.*, May 6), gives notes of two cases of tuberculosis in which the disease appears to have been arrested or cured by the occurrence of typhoid fever. In both cases there was a marked increase of bodily weight, together with the disappearance of the symptoms of the tuberculous disease. Both have remained well for about four years since the typhoid attack. Dr. Wyeth is indebted for the notes in these cases to Dr. Francis W. Gallagher of El Paso, Texas, to whom he refers inquirers for further information. He asks, however, whether there might not have been in these cases an antagonism between the typhoid and the other pathogenic germs, and hence a suggestion of another possibility of immunity from the dreaded scourge of tuberculosis.

THE ADVANCE IN MEDICINE.*

H. L. CHAMBERS.

Lecompton, Kansas.

About one year ago when a noted surgeon of Chicago announced that there is no medical treatment of pneumonia, there was considerable interest in the medical society where the announcement was made and by some telepathy or something of the sort the secular press was drawn into the general discussion that followed. This discussion was so directed and developed that the conclusion usually reached was something to this effect: "Surgery has made wonderful advances in the last third of a century and is still making them but medicine has made no substantial advance in the last fifty years" and some of their charity and pseudo-kindness added "in the nature of things it never *can* make such advances." Such was about the opinion of the Topeka Daily Capital, and I believe the Kansas City Journal and the Kansas City Star published similar editorial opinions. Of course the public was interested and especially that part of it that was already looking for something about which to complain, and if possible, to get some morally sound excuse for beating its bills. Now public interest in a medical matter and particularly in a general medical matter as this soon came to be, always affords a short cut to an exhibition of the public ignorance of all such matters. I am confident of the confirming opinion of all practitioners in making the statement that the public ignorance of medical matters, is, indeed "something fierce." This ignorance is not, as you know to your frequent annoyance, or the passively agnostic kind, but is, on the other hand, of the actively erroneous variety. I mean by this expression to refer to the sort of ignorance that knows many things each and every one of which is strictly untrue. This is the kind of ignorance that often becomes positively *militant*; e. g., the opposition to quarantining scarlet rash cases, the anti-vaccination riots in Milwaukee, and the activities of the antivivisectionists. In a more particular way we all meet this ignorance daily, sometimes in the opposition to the use of some particular drug, or to the bath, or to the diet prescribed, and sometimes in opposition to the order to exclude the patient's friends from the sick room or in some other of the hundred and one ways

*Annual President's Address delivered before the Douglas County Medical Society, January 11, 1905.

in which our clients refuse fully to cooperate in our efforts to effect a cure in a given case.

Do not understand me to be saying hard things about the public and its notions of medical matters. I do not feel hard toward the public either as individuals or in the aggregate, on the contrary I am profoundly sorry for the public when I reflect that its active ignorance of medical matters is the direct and only possible result of the teaching it has received from the medical profession. To make my meaning here more apparent, allow me to quote some illustrative cases. Permit me to say that no personal reflection is intended in any of these, since they all occurred outside of this community, but they are, however, actual cases that have come under my personal observation.

Case I. J. S. female, aet. 17, pain and alleged weakness in back. Trouble caused by typhoid fever six years ago which physician in attendance at the time had prognosticated would "settle" somewhere. This case shows the popular idea that disease is a distinct entity having the general properties of matter, and hence that it may move about from place to place in the body and "settle" in some certain locality some *locus minoris resistentiae*—in much the same manner as shot in a bottle might do.

Case II. E. L. male, aet. 19, tuberculosis of tibia. Caused by reclining after sunset on a bundle of green corn (or of green hay, I am not now sure which) when patient was somewhat heated. Patient "caught cold" and the trouble resulted. Diagnosis of condition made by myself and confirmed by Dr. Perkins of Kansas City, explanation of cause furnished by a former attendant, an army surgeon of the war of the rebellion. This case especially illustrates the popular conception of cold. To the scientist, moderate cold or coldness, *i. e.* the range from 65 to 40 degrees F. is a sort of negative condition characterized by the comparative absence of heat. To the general public cold seems to be a very positive force, to many it is even an intelligence—a real Frigidus having more heads than Cerberus, more eyes than Argus, more heads than Briarius and whose each and every head, eye and hand is both malevolent and maleficent.

Case III. This case I am reporting by memory from the literature. It shows the same cock sure ignorance that the others do. In this case a young physician is writing to his former preceptor and among other matters of interest reports a case of catarrh of the stomach which he said began in what he thought was a bron-

chitis but later found was a tracheitis. In his own words the transition occurred as follows:

"His windpipe ulcerated off and allowed his lungs to drop into his stomach, producing a catarrh of that organ."

Now, while most of us are not engaged in teaching medicine to professional medical students, we are engaged in the far more difficult and thankless task of instructing the public in the fundamental conceptions of the various departments of medicine. Since in private practice we can have intelligent cooperation only when the people have some correct understanding of the principle under which the case at hand must develop and since we may have even cooperation without intelligence only when the patient and friends have confidence in the doctor and in the profession, it becomes doubly important that we show ourselves worthy and progressive members of a worthy and progressive profession. In the attempt to do this I have brought together a few facts tending to show that the field of medicine is cultivated as systematically and persistently and with as gratifying results as is the field of operative surgery, which is everywhere conceded to be progressive.

In speaking to the members of this society it does not seem necessary to do more than to mention some of the points and processes in which progress has been made and that recently—certainly since the time of Dr. Gunn, Dr. Chase and other popular authorities.

In anatomy and especially in microscopical anatomy, practically the whole present working knowledge of the anatomy of the nervous system is of recent development. Up till a few years ago, no one was instructed in the doctrine of nervous and axons and buds. In all other parts there have been decided advances made in the knowledge of histology, advances which will readily occur to the student of these matters.

In the physiology much has been learned and much developed, especially in the matter of metabolism and the varying agencies that modify it. Our knowledge of the "balanced ration" and of the necessity and conditions of proper excretion has probably doubled in the last fifteen years. The knowledge of the functions of the so-called ductless glands except in the cases of the spleen and the pituitary body has about all been developed in the same time. The knowledge of the physiological variation in the composition of the blood has chiefly been worked out in the last twenty years. Etc.

Coming over to a consideration of disease we note even more startling advancement. Studying the causation of disease we see that a proper understanding of the effects of bacteria in disease has

completely overturned all of the notions of the causation of most of the infectious diseases, and has set us out on an entirely new set of conceptions. Then we now know very much more than did the profession of thirty-five years ago about animal parasites, especially about the hæmatozoa. Who now would dare tell people that "malaria" is not a misnomer, who is not in advance of the supposedly immortal theory of Ben Butler on the causation of yellow fever?

The progressive physician knows a number of practical things about faulty elimination, imperfect solutions, and the like, that the old time practitioner never heard about at all. Let me here interject the remark that there seems to be plenty more to find out, *e. g.*, how many and what are the varieties of "rheumatism" exclusive of that dependent on an infection with the diplococcus of Neisser?

In the matter of reflexes and occupation neuroses, a whole segment of the hitherto unknown ocean of knowable truth has been explored and properly charted. We have all cured cases of night terrors or of nocturnal enuresis by loosening adherent foreskins or by having dirty ones cleaned. Even many of the school teachers can tell that high heeled shoes may damage the vision and probably every surgeon has noted that his hand is less steady on the days that he is wearing and more or less pain producing shoes. I believe Dr. Gould has satisfied himself that the epilepsy of Alexander the Great and Julius Cæsar was caused by eye strain, and that the unrelenting headaches of Thomas Carlyle would have been relieved by properly fitted glasses.

I mention, too, that we have developed some practical knowledge of the effects of hyper-intensity and the lack of relaxation as causes of disease. We know vastly more about the results of too little water and of too much of some other foods. The chemical poisons and their management are better understood. So also do we know more of the mechanical irritants and in knowing more we in some cases fear them less. We are not now much alarmed, *e. g.*, at the presence of siderosis, tabacosis, or bysinosis unless there be also a tubercular infection.

In pathology we have practically moved the whole camp in the last thirty years. We believe that in the idea of the cell's being the pathological unit we are a long step nearer the absolute truth.

In the matter of diagnosis the present knowledge and practice is very far in advance of that of a few years ago. The present trend is toward elaboration in the classification of disease. We now attempt to differentiate at least a dozen conditions all of which a generation ago would have been diagnosed as "inflammation of the bow-

els." On having made a diagnosis, we now expect to recognize more promptly and intelligently the changes that occur in the case from day. In doing these things and others we have come to use some new instruments, have devised some new tests for differential diagnosis, and now recognize some erstwhile unknown signs and symptoms. Let us mention the bacterial tests for various diseases, the use of the microscope in general, the agglutination test in typhoid fever, the tuberculin test, Koplik's spots in Rubeola, and Hammond's sign in Basedow's disease, as examples of some comparatively recent advances in making and correcting diagnosis.

I am not forgetting that the matters of which mention has been made have very little interest for the active people of the world, except as they may have a bearing on the ever present problem of keeping or regaining health. The natural result is that the most effort for advancement has been made just at this point and just at this point has the most advancement been made. While therapeutics as a whole has outgrown every other department of medicine in the thoroughness with which the details have been worked out, the special field of preventive medicine has been so cultivated that, could we do as well as we know, and have intelligent cooperation throughout the world, we could put many of the ordinary diseases out of business almost at once. Malaria and yellow fever would surely soon be extinct, so would typhoid fever and smallpox. Gonorrhœa and probably syphilis would also disappear. Do I go too far in promising that leprosy and the bubonic plague could also be stamped out? Tuberculosis would soon be unknown and so would several other of the infectious diseases. Relative to other diseases, perhaps the advancement does not seem so striking, but there has been very real and very practical improvement in every branch of preventive medicine as the merest glance at present and at former conditions will show to the most phlegmatic.

In treating disease already present many new and efficient measures are found and all methods and materials are greatly improved. Diphtheria has yielded to a therapeutic serum, so has atreptococcus infection (almost) and tuberculosis seems about to do so. (See investigations of Eduardo Maragliano, Italy.) Carcinomata are benefitted or even cured by inoculations with erysipelas. Smallpox is very favorably modified and often prevented outright by an inoculation of cowpox. Rabies is brought to a successful termination by inoculations with its own attenuations. Tetanus ought to yield to the serum of the white rat, but I believe so far there is some "hitch" in this scheme.

The alkaloids and other active principles have been isolated, and we are thereby able to be very much more precise and positive to our drug exhibitions. The preparations from animal sources are especially to be noted in this connection. Leaving off the extravagant claims of W. A. Hammond, Brown-Sequard, and the Goat Lymph people, we recognize the potency and practical utility of the extracts from thyroids and from the adrenals. We also have pleasure in acknowledging the efficiency of nuclein, protonuclein and lecithin. These are all in addition to the few animal products of the older pharmacopoeias.

The purity and concentration of these active principles and serums have made practical the use of the hypodermic syringe. Do not forget that there are now living many active practitioners who look on this instrument as a *new* thing and most of them are ready at any time to rise and "call it blessed."

In the last twenty-five years special efforts have been made to utilize the agencies other than drugs in the cure of disease. These efforts have succeeded in a degree more than most of us appreciate. Heat, light and actinism, properly applied, will accomplish results that to those unfamiliar with them seem truly marvelous. Some other forms of radiant energy seem almost uncanny in their power to penetrate substances opaque to ordinary light, and while yet not fully understood, are capable of yielding positive results and this too in cases where we should otherwise be at the end of our resources.

Vibration and other modes of motion are of sufficient virtue to give a whole school of practitioners the degree of success that in the public mind justifies their existence.

Climates, baths, and diets have saved their thousands and will do more for both the physician and the patient of the future.

Suggestion and mental control should and do have a place in legitimate medicine. The followers of Mrs. Eddy get some results, I think rather in spite of their seemingly incoherent literature than on account of it. Weltmer did some good but fell down in his attempt to make a method of comparatively limited application to cover everything. His followers, the followers of Mrs. Eddy, and practically all other sincere quacks fail at the same point, *i. e.*, in the idea that they have in one method or one medicine a "panacea."

Let us mention only a few more of the comparatively new methods. The use of rarefied, compressed, or medicated air or other vapor is coming up to give desirable results when nothing else will. Every physician is now supplied with atomizers, nebulizers and pos-

sibly with some of the more expensive apparatus for giving treatments of the sort mentioned. Their almost universal employment is an evidence—though not conclusive I admit—that they are useful.

In the concluding paragraph let me inquire whether all these things are of practical benefit or utility. We have already reasoned *a priori* that they are. Investigated *a posteriori*, what do the unsympathetic facts show? They show among other things the fear of peritonitis and of pulmonary tuberculosis to be greatly lessened. They show the mortality of typhoid fever reduced from a range of ten to thirty per cent to one of from five and a half to seven per cent. They show the diphtheria mortality reduced from forty per cent to seven per cent. They show a scarlatina mortality of twenty or thirty per cent reduced to less than five per cent. They show a variola mortality of twenty-five or thirty per cent reduced to one or two per cent. Time forbids our reviewing many other facts equally interesting and inspiring.

It seems to me, my friends, that we have abundant reason to feel pride in our profession, and to be enthusiastically encouraged by its progress.

DR. OSLER AT MUKDEN.

Kouropatkin in retreat, a most dejected man,
 He sat in contemplation on an empty vodka can,
 And as the little yellow men their cordon closer drew,
 He muttered low in Muscovite, "If Osler only knew!"
 "That little fellow Nogl, though he's past three score and ten,
 Is prancing like a three-year-old around my Russian men,
 Is tying Tie Ling in a knot that breaks my line in two—
 If Osler only knew of this, if Osler only knew!"
 "Then there's that old Oyama, who my stubborn centre stormed,
 He certainly is past the age he should be chloroformed;
 Yet there he stands performing tricks that younger men should do—
 If Osler only knew of this, if Osler only knew!"
 "Kuroki's getting on in life and surely should retire;
 Then, what's he doing on my left directing of the fire,
 And doing other boyish things an old man shouldn't do?—
 If Osler only knew of this, if Osler only knew!"
 "That old man Nogl's worth about three hundred thousand boys,
 But, oh, my military pride it certainly annoys
 To be defeated by this superannuated crew,
 Who'd be retired and fossilized if Osler only knew!"

WALLACE IRWIN.—*The Globe*, March 10, 1905.

Dr. J. D. Pettit has moved from Mound Valley to Frankfort. We wish him success.

P. D. Hughes attended the anti-tuberculosis league at Atlanta, Georgia, April 17-19.

Dr. Howard Holliday is in Kansas City, Kansas, visiting friends after two years of service as contract surgeon in the United States army in the Phillipines.

A. M. A.—The following have joined the A. M. A. since last month: A. L. Hurst of Benedict; W. T. Logsdon of Wichita and A. G. Smith of Oskaloosa.

W. G. Burris, M. D., of Ottawa died in Kansas City of peritonitis on March 24. Dr. Burris graduated from the Central Medical College in 1898. He was secretary of the Ottawa District Medical Society.

Osler's successor.—We learn that our information as to Dr. Osler's successor at John Hopkins was incorrect. Dr. Barker now in the University of Chicago will take Dr. Osler's didactic work (probably with special reference to nervous diseases) and Dr. Thayer, Dr. Osler's chief of clinic, will become the clinical professor of internal medicine.

The Friendly Druggists.—The *Journal* of the California Medical Society has been advocating throughout the year that physicians dispense less and prescribe more—that they in general treat the druggist better. In return, the druggists under the leadership of the N. A. R. D. had a bill introduced in the legislature allowing druggists to practice medicine and surgery! Of course it could not pass, but it shows how short-sighted most druggists are.

Osteopathy.—In the *Journal* of the New Jersey Society, Dr. Helmer publicly retracts his opinion that osteopaths should be recognized, and says:

"My experience with osteopathy has not been with obscure, unknown practitioners of some treatment masquerading as osteopathy, but with men who are among those most prominent in osteopathic circles and I wish to say that it is my deep conviction, based on observation of their methods and treatment that osteopathy is simply a species of ordinary massage absolutely incapable of accomplishing more than can be done by any regular masseur. In the case I took to these osteopaths for examination they said that there was a dislocation of the vertebra, and proceeded, so they said, "to snap it back into place."

"Subsequently the following gentlemen: Dr. Charles L. Dana, Dr. Dudley D. Roberts, Dr. Lewis S. Pilcher, Dr. Walter Truslow and yourself diagnosed the case as infantile paralysis, a bacterial disease causing inflammation of the spinal cord and paralysis. I wish to emphasize the fact that these osteopathists diagnosed the disease as due to a dislocated vertebra, which, unfortunately, is prevalent enough to be readily recognized by every regular medical practitioner."

A FEW THOUGHTS IN REGARD TO THE ARRANGEMENT OF A ROOM FOR THE SICK.*

FRANCES A. HARPER, M. D.,
Topeka, Kansas.

How often is the physician called into the sick room to find a patient struggling in the agonies of delirium, the eyes starting from their sockets at some imaginary horror which hovers near, clutching frantically at the bedclothes, and staring wild at some hideous demon which seems to writhe itself from out the trailing vines on the wall paper, or leer horribly from some picture frame, or take shape from some ornament on the wall.

I have a very vivid recollection in my own case of an illness in which the illusion fixed itself upon me that a large picture which hung at the foot of my bed was a huge box, which kept leaning and leaning toward me until it hung suspended in mid air directly over me, ready at a breath or the slightest move on my part, to fall upon and crush me. In spite of all my efforts to avoid it, the box, which had assumed gigantic proportions, kept moving nearer and nearer to me, until I could actually feel its sharp edge resting and pressing against my chest. My blood fairly froze in my veins as I realized that my life was being gradually but surely crushed out, and I was helpless to avert the horrible fate which hung over me. With one last mighty effort I wrenched myself from under it, and uttered a shriek—which brought the nurse to my bedside. The horror of those few minutes, which seemed to my disordered imagination, ages, can better be imagined than described. As soon as the nurse left my side the illusion returned and I was again being slowly crushed to death by that horrible box, nor did it leave me until the picture was removed. This effectually laid the spectre.

No real terror can begin to equal in intensity these imaginary ones which come trooping over the disordered mind, which is attested by the agonizing shrieks, wild and starting eyes, tense muscles and cold, clammy skin, bathed with perspiration, and utter exhaustion after the paroxysm has passed.

I had occasion quite recently to visit a case, which brought forth this paper. The case in question was that of a child, a boy four years of age, who had been taken with violent convulsions three

* Paper read and discussed before the Shawnee County Medical Society, Topeka, Kansas, August 3, 1903.

days previously. Active measures and vigorous treatment had brought him out, and he had been resting quite comfortably with fair promise of a rapid recovery as soon as the offending cause was effectually removed. However, he continued to have "flighty" spells at intervals for several days. During the third day these "spells" seemed to increase in severity, and a telephone message was received that he was not so well and was getting more "flighty" and would allow no one to get near him nor touch him, but would spring, shrieking, out of bed whenever anyone made the attempt.

Upon entering the room I found him sitting bolt upright in bed, waving his arms and thrashing about wildly, occasionally pointing at some imaginary monster at the foot of his bed, and shrieking, "Take it away!—take it away!—take it away!" After he was entirely spent he would drop down exhausted, when his eyes would fall upon a bright red star on the quilt which covered his bed, which by the way was a very bright, pretty affair with white background, covered with big red stars and stripes, and various zigzag figures; very nice and appropriate with which to amuse a child in health, but what a tantalizing affair to the disordered little brain! He had been picking, picking, picking all day, so the mother stated, at the big red sticks of "candy" which ever eluded his eager grasp.

Let me describe briefly the room in which the little one lay, and the moral will be clear. The house was a little cottage and the child's trundle bed had been moved into the parlor, a very pleasant and prettily furnished room. Upon the wall (which, by the way, was covered with a large-figured paper), at the foot of the bed hung a picture with a bright red mat around it as a background. Crossed, one over the other, near this picture was two long "barber-pole" canes, twisted or wound about with red, white and blue paper. These were what he had kept pointing at and crying, "*Take it away!—take it away!—take it away!*" On the wall against which the bed was placed hung a large, heavy-framed picture suspended by a cord and leaning over the bed, on each side of which were ranged smaller ones, interspersed with various other wall ornaments bowed up with bright ribbons. Whichever way the eyes turned some bright bit or irregular object caught the attention, and what wonder that in this medley of kaleidoscopic views the poor little disordered mind should lose its balance entirely, and run riot! Even the bed cover, with its dancing stars and stripes, was an anxiety and a torture. The simple passing of anyone through the room was enough to set all these squirming things agog, and bring them tumbling down about him, and he would spring, shrieking, out of bed, terror-stricken, even at

sight of his mother. There seemed no spot where the tortured little brain and weary eye could rest. Even where no picture or ornament was suspended, the figures and trailing vines on the wall-paper assumed grotesque shapes and abnormal proportions, and chased each other across his field of vision or mocked or grinned horribly at him as he lay helplessly watching their antics. Quietly the various articles were removed without attracting his attention; the bright-colored quilt was replaced by a white spread, and gradually the tortured little brain and weary body calmed down, and *rest came*.

Everyone knows how sensitive the nervous invalid is; a chair out of place, a picture hung awry, a hanging cobweb, set figures on wall or ceiling which keep one *counting, counting, counting*, all these are highly irritating to a mind already weakened and made hypersensitive by illness, and keeps the poor tired brain *working, ceaselessly working* when it should have absolute rest.

If such a thing were at all possible, it seems to me that every home should have its ward or sick room, or a room which could be utilized as such on short notice. It should be as large, airy and sunny as possible and furnished, or I might say unfurnished, to meet the exigencies of the case. The floor should be oiled, and may be spread with rugs; or better still, strips of canvas may be tacked down to deaden footfalls. Walls and ceiling may be treated with several coats of whitewash, finishing up with a tinted coat of enameling, some soft and restful tint which will relieve all eye strain. Finished in this manner will permit of thorough cleansing of walls, ceiling and floor, should antiseptic precautions be necessary. By the way, for pure asepsis as well as antiseptis, nothing can excel in thoroughness the old-fashioned method of whitewashing walls and ceilings every spring at house-cleaning time. Lime is an ideal disinfectant, and a few coats of it will effectively seal up all cracks and crevases and signally put an end to the existence of all micro-organisms which might find lodgment there. The one objectionable feature of this old-fashioned method, the white glare of the walls, is easily modified by the finishing coat of tinted enameling.

If a border be used, it should be of the most unobtrusive type, as a brilliantly colored border of trailing vines, or zigzag outlines, a bright wreath or bunch of roses may assume all sorts of fantastic shapes, and serve as an *endless chain* to keep the brain *working, working, working!* The pictures should be selected with a view to restful scenes and be hung flat against the walls, and above all, *discard the family portraits!* I know of nothing which may become more irritat-

ing than the ceaseless, cold stare of the family portrait with its never closing eyes and constant gaze, which seems to follow one everywhere. As before stated, the pictures should be well selected, and few, serving only as a pleasant break in the monotony of the otherwise plain walls. An occasional change of pictures and decorations will oftentimes prove pleasing and beneficial to a convalescing invalid.

Lace curtains and draperies of all kinds should be tabooed in bedrooms generally, and especially should they be forbidden in the sick room, as their principal function seems to be that of a safe harbor for all manner of micro-organisms as well as serving for the lodgment of dust and cobwebs. Thick, green shades at the windows will darken the room sufficiently, and the light can be modified and regulated at will.

All unnecessary furniture should be discarded. A light iron bedstead, painted white or tinted, with pure white furnishings throughout, will be found most restful; a wash stand, dresser, and a few comfortable chairs, everything being of the lightest material, should complete the furniture.

As before indicated, the furnishings, etc., are to be selected with special reference to the exigencies of the case. There is no one line of medicinal treatment which can be followed out, and which will suit all diseases and conditions, consequently, we must treat symptoms as they arise, and so modify our measures as to meet these ever changing conditions. So it is in the arrangement of a room for the sick.

The foregoing remarks were written with special reference to those conditions arising from a nervous and irritable state of mind and brain, requiring absolute relaxation and rest. In five minutes we can transform our calm, dimly lighted haven of rest into a bright, sunny refuge which will meet diametrically opposite conditions, by simply throwing up the blinds and wheeling in a comfortable couch, piled up with downy cushions, a big easy chair, a foot stool or two, a few vases of bright flowers scattered here and there to give a touch of color, a light stand or table upon which are arranged an array of bright books and periodical, and lo!—our patient is entertained, amused, and *rested*! By the way, if there is such a thing as a music box in the house, bring it into an adjoining room or hall way, and *set it going*. There is nothing that will divert and sooth a weary *mind and body* like music, soft, sweet music, *music suited to the mood of the individual*! Listen to the fretful, restless, peevish child, as the mother hushes it to sleep,—“*Ah-a-a Sing, mamma! Sing! sing! s-i-n-g!*”

M-a-m-m-a—a-h-a-a—and it drops off to “bye-low-land.” We are all but children of a larger growth.

In regard to furnishings, of course they may be as luxurious and elegant as the purse of the individual permits, or they may be simple and plain and of the humblest, and yet be equally acceptable to a weary brain and tired body. Grandeur of surrounding is not always conducive of the greatest amount of comfort and ease. We sometimes secure our best results from the ability to utilize the simple means and measures at our command.

Of course it is utterly out of the question and impossible very many times, especially in small and crowded homes, to have the patient thus isolated and set apart, but at least objectionable articles may be removed, or a screen improvised and placed in such a way as to obstruct from the view of the patient irritating objects, thus relieving and giving rest to an over-wrought and sensitive brain. A little forethought and judgment on the part of the physician, and proper advice and directions to the nurse or attendant along these lines, will in many cases ameliorate symptoms and relieve the patient to such an extent as to smoothly and safely carry him through a very formidable illness, with the greatest ease and comfort possible to the patient himself. Here, I believe, the physician wields his highest power, and is the means of doing the greatest good. He should not be merely a vendor of powders and pills; to simply walk in once a day, or whenever called, feel the patient's pulse, take his temperature, examine his tongue, ask a few questions, change or give a fresh supply of medicine, all in a perfunctory manner, bow himself out, to call next day and go through the same routine. His ever watchful eye should see and know conditions as they exist, should take in everything, patient, surroundings, conditions, all, and in a quiet, unobtrusive manner he can suggest such changes as will be most conducive of comfort and the well being of his patient; and thus the remedies which he applies may be made to more readily assist nature to combat and overcome disease, and bring about a return to health.

The truly successful physician is wise and learned, but he must be able to make proper application of his knowledge. *Insight* and *tact* are his most powerful allies, to which *wisdom* and *learning* must ever remain subservient.

Dr. John F. Hickey died at Chanute March 14, from cerebral hemorrhage, aged 62. He graduated at Indianapolis in 1871.

THE NEED OF ORGANIZATION.

Last month we discussed under this title the carrying into the public press of the petty spites and jealousies among physicians, and tried to show how disastrously that worked to the profession both in the relation of physicians to each other, and also in causing the public to despise the doctors. This month we wish to call attention to another phase of the subject of organization, or rather to one great obstacle to organization, namely, sectarianism.

Does a Regular (or "Allopath") conceive himself to be better than a Homeopathist or an Eclectic? It would seem from the following letter that something of Pharisaism is still present with us and that men were being judged by the cut of their robes, by the breadth of their phylacteries, and by their creeds instead of by their acts, words, deeds or (fruits). It seems to us that a county society is a farce unless it contains ninety per cent of the decent men, by whatever name called, of that county. The whole spirit of our organization demands that a county society shall be a business union of all the legal practitioners of that county. The points to be discussed in a county society are not those of disputed theory but rather those connected with professional and business success. These latter points are plentiful, surely; for instance, our relations to the druggists, to the newspapers, to the clergy, fair fees, collections, pathological specimens and theories, etc., etc. Let the standard for membership to our organization be, first, the applicant for admission must be a legal practitioner, and second, a gentleman (or lady) fit to associate with. If these principles be followed, our county societies will be more effective and pleasant.

In contrast to the ideal, please read the following letter to your editor:

My dear Doctor: You mis-read my letter. I believe that the men, who in state and nation, are advocating a consolidation have in mind the best for the profession, at least their idea of the best. My point was the local men here. I received an invitation to join our county society, and before I had a chance to accept or reject, the invitation was recalled. I was informed that there was no repentance possible to a sinner like me. I wrote the secretary that ——— county men must be wiser than the national and state society. Now, after such an insult as that, would you make application for membership in such a local organization? I will not.

I should like to belong to a local medical society wherein all

men who were ethical in their practice and who were qualified legal practitioners could meet and get and give from each other. Until such time comes when our law of cure is recognized as at least a law, and the work we have done in *materia medica* finds a place in your text-books, I do not think it wise for us to give up our colleges and organizations. Personally I am not ready to give up my work in our college at ———, nor my membership in our state society. Unless I do so, you don't want me, do you?

Fraternally yours, ————

No one hates the bigotry and narrowness of sectarianism more than your editor, but he has his opinions on therapeutic matters and believes that others should be allowed theirs. Therefore he would let the homeopathist retain his membership in homeopathic societies and be a good homeopathist—the better member of his own society the homeopathist is, the better associate will he be. What we want is an organized profession, not a mutual admiration society.

Since the American Institute of Homeopathy has defined a homeopathist as one who adds to all the accumulated medical lore of the ages a belief in the utility of principle, *similia similibus curentur*, we can hardly say that homeopathists follow an "exclusive" system in the sense of the following section of our By-Laws:

Chapter IX. Section 5. "Each county society shall judge of the qualifications of its own members, but, as such societies are the only portals to this society and to the American Medical Association, every reputable and legally registered physician who does not practice or claim to practice, nor lend his support to any exclusive system of medicine, shall be eligible for membership. Before a charter is issued to any county society, full and ample notice and opportunity shall be given to every such physician in the county to become a member."

STATE BOARD OF HEALTH REPORT FOR MARCH.

CONSUMPTION.

County.	Cases.	Deaths.	County.	Cases.	Deaths.
Bourbon.....	3	3	Nemaha.....	2	2
Cherokee.....	4	4	Neosho.....	10	10
Coffey.....	2	2	Pottawatomie..	1	0
Crawford.....	6	6	Riley.....	1	1
Dickinson.....	1	1	Sedgwick....	4	0
Ellsworth.....	1	1	Shawnee.....	3	0
Franklin.....	3	3	Thomas.....	1	1
Geary.....	1	1	Kansas City.....	50	17
Lane.....	1	1	Leavenworth City	7	7
Lyon.....	23	14	Topeka City.....	4	4
Marshall.....	1	1		—	—
Mitchell.....	3	3	Totals.....	137	86

SCARLET FEVER.

Allen	3	0	Ottawa	7	0
Cherokee	4	0	Pawnee	6	0
Clay	3	2	Pottawatomie	1	0
Cloud	3	0	Pratt	3	0
Crawford	4	1	Reno	3	0
Decatur	2	0	Republic	7	0
Ellis	15	2	Rice	2	0
Geary	3	0	Riley	4	0
Hamilton	1	0	Rooks	4	0
Jewell	2	0	Sedgwick	2	1
Kingman	2	0	Shawnee	3	0
Labette	2	0	Sumner	2	0
Leavenworth	10	1	Thomas	3	0
Logan	3	0	Washington	1	0
Lyon	8	1	Woodson	7	0
Marion	3	0	Wyandotte	4	0
Marshall	3	1	Kansas City	4	0
Miami	1	0	Topeka City	17	0
Mitchell	1	0			
Nemaha	3	0	Totals	166	9

SMALLPOX.

Allen	17	0	Marion	150	0
Bourbon	40	0	Mitchell	16	0
Cherokee	31	3	Montgomery	4	0
Clay	1	0	Nemaha	26	0
Cloud	25	0	Neosho	40	0
Crawford	60	0	Ness	23	0
Dickinson	3	0	Norton	6	0
Edwards	8	0	Ottawa	12	0
Ellis	25	0	Pottawatomie	42	0
Ellsworth	18	0	Reno	2	0
Franklin	22	0	Republic	11	0
Geary	195	0	Rice	1	0
Gove	8	0	Riley	1	0
Graham	2	0	Rooks	21	0
Greenwood	2	0	Russell	11	0
Jewell	1	0	Saline	44	0
Kingman	20	0	Sedgwick	4	0
Kiowa	2	0	Shawnee	3	0
Labette	5	0	Sheridan	20	0
Linn	49	1	Woodson	3	0
Lincoln	25	0	Kansas City	14	0
Lyon	63	1	Leavenworth City	1	0
Marshall	21	0			
Miami	25	0	Totals	1123	5

DIPHTHERIA.

Allen	3	0	Sumner	1	0
Crawford	5	0	Washington	6	1
Geary	9	1	Wyandotte	8	0
Leavenworth	7	0	Kansas City	8	0
Nemaha	9	3	Topeka City	5	1
Riley	1	0			
Shawnee	1	0	Totals	63	6

TYPHOID FEVER.

Crawford	1	1	Marshall	1	0
Bourbon	1	0	Nemaha	2	1
Douglas	9	1	Neosho	2	0
Edwards	2	0	Pottawatomie	1	0
Franklin	2	0	Kansas City	75	11
Lyon	1	0			
			Totals	97	14

S. J. CRUMBINE, Secretary.

St. Francis Hospital, Atchison, has been opened as an undenominational and unsectarian institution.

Dr. L. L. Sowders of West Mineral has been adjudged insane and sent to the state hospital at Parsons.

BOOK REVIEWS.

GENERAL MEDICINE: Being Volume One of the *Practical Medicine Series* of yearbooks for 1905. Edited by Frank Billings and J. H. Salisbury of Chicago: The Year Book Publishers, 40 Dearborn St. Price \$1.00. (For the series of 10 volumes, \$5.50.)

We are slightly disappointed in this book because, as an estimate of the literature of the year the author's criticism is not adequate, and as a summary of the literature it seems incomplete. Of course it is an extremely difficult task to collect and collate the world's literature but one should not attempt it except he have exceptional ability and opportunity. We fear, therefore, that the general practitioner (for whom this series is intended) will feel ill repaid for its study, for the general practitioner needs detailed directions and definite opinions for his help.

We would not be understood, However, as utterly condemning the book; it has many excellencies. One of these is the editor's annotations, which generally serve to cast down illusions raised by the article reviewed.

THE OPHTHALMIC YEAR BOOK for 1904. Edited by Edward Jackson, A. M., M. D. of Denver. Pp. 260 8vo cloth. 45 illustrations. Denver: 1904. The Herrick Book and Stationery Company.

This volume meets our ideal of a year book more nearly than most of those before us since January. It is a digest, not a compilation. Therefore, to those who wish to examine the ophthalmic advances during the year 1904, we commend this work.

Dr. Jackson belongs to the school of Dr. George Gould, and therefore lays great stress on eyestrain and its correction by exercises and glasses.

"Your March and April JOURNALS are full of good things from people of my acquaintance and are equivalent to a "round up" of old friends. May your shadow enlarge in the superlative."

E. C. WICKERSHAM.

Independence, Kans., April 5, 1905.

THE FLUOROSCOPE.

ED. C. JERMAN.

Topeka, Kansas.

One of the most important occasions in X-Ray work is the Fluoroscope. A fluoroscope consists of a wooden box, usually covered with black cloth and painted black on the inside. At one end of the box is an opening, lined with fur, so constructed, that it may be placed over the eyes so as to exclude all outside light. At the opposite end of the box is a detachable frame covered with a piece of black pasteboard. This pasteboard is coated upon the inner side with glue and before the glue is dry fine barium platino cyanide crystals are sprinkled evenly over it. After drying, the crystals are covered with a coat of varnish. When placed in position before an active tube, all the crystals become fluorescent. The pasteboard offering very little resistance to the X-Ray light. If the fluoroscope be placed between the eyes within the field of an active X-Ray tube and the hand be placed between the fluoroscope and tube a shadow of the bones of the hand may be plainly seen, the tissues of the hand are transparent to this light while the bones are opaque. The light passes through the tissues and every crystal becomes fluorescent except those that are immediately behind the bones. These remain dark. Consequently we see a true well defined shadow of the bones. The bones are not entirely opaque and a tube may have such penetrating power that the shadow of the bones will scarcely be discerable. The X-Ray has the peculiar power of penetrating many substances that are opaque to ordinary light. For instance, wood, clothing, aluminum and paper. The metals are mostly opaque except aluminum. Lead is the most opaque of all substances to the X-Ray light. The denser tissues of the body are more opaque than the less dense. For this reason the pulsations of the heart may be clearly seen. The lungs, in a healthy state, are transparent. In tuberculosis and pleurisy the diseased parts can usually be quite clearly outlined, as the diseased parts become more opaque.

The raising and lowering of the diaphragm can be clearly seen on both sides. The organs below the diaphragm can not be seen with the fluoroscope. The bones of all the extremities can be seen clearly, also the bones of the shoulder. A metallic foreign body can be accurately located anywhere in the extremities, chest or shoulder. A bullet can only be located in the abdomen or pelvis of a large person, with the fluoroscope, when near the surface. A radiograph is generally necessary to locate a foreign body in the abdomen. Dislocations and fractions of the bones of the extremities and shoulder can generally be seen with the fluoroscope. A good fluoroscope in the hands of a good operator is of the greatest value as a diagnostic agent. A fluoroscope must not be kept exposed to extreme heat, dust or daylight or its life will be short. Always keep the open end of your fluoroscope closed with tissue paper or cloth when not in use and exclude daylight and dust. It is best also to keep it in a dark closet or case when not in use. Do not expose it to the hot sun or place it near a stove. The writer, in a very large experience, has found the failure to observe these points, the cause of more X-Ray trouble than any other one feature. The operator who does not observe these points wonders why his apparatus does not work like it did when first installed. He often bames the machine or the tube when the trouble is all with the fluoroscope. Take the proper care of your fluoroscope and it will always be ready and will give you the best of service for many years. The pasteboard containing the Barium Platino Cyanide crystals is called the screen.

GOLDEN BELT NUMBER

The Journal

OF

The Kansas Medical Society

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7. *J. E. SAWTELL, Kansas City.*

8. *A. L. CLUDAS, Minneapolis.*

Volume V

June 1, 1905

Number 6

REPORT OF THE MEETING.

GYPSUM, KANSAS, April 6, 1905.

The annual meeting of the Golden Belt Medical Society was called to order at 3:30 p. m. by the president, W. S. Lindsay.

The regular routine business was transacted. The annual reports of secretary and treasurer were read and accepted. The subject in regard to an official journal for the society was discussed and the secretary instructed to correspond with Dr. George H. Hoxie, editor of the State JOURNAL, in regard to the matter.

The following physicians made application and were elected to active membership: Dr. M. N. Bremen, Roxbury, Kansas, graduate of Hahneman Medical College, class of 1900. Dr. F. W. Koons, Chase, Kansas; graduate of Kansas City Medical College, class of 1898.

The following officers were elected for the ensuing year:

President, E. R. Cheney, Gypsum, Kansas.

First Vice President, T. R. Conklin, Abilene, Kansas.

Second Vice President, F. G. Lagerstrom, Salina, Kansas.

Secretary, L. Leverich, Solomon, Kansas.

Treasurer, Howard N. Moses, Salina, Kansas.

Librarian, E. E. Hazlett, Abilene, Kansas.

President, W. S. Lindsay, recited a rare and most interesting case of Atasia-Abasia, which was discussed by Drs. Ketchersid, Moses, Riddell and the discussion closed by Dr. Lindsay.

The following scientific papers were read and discussed:

"Professional Sympathy" or "How to Foster Medical Fraternality" by Dr. W. A. Klingburg, Elmo, Kansas. Discussed by Drs. Tobey, Harvey, Moses, Riddell, Lindsay and closed by Dr. Klingburg.

"Two parallel cases of Femoral Aneurysm" by Dr. E. R. Cheney, Gypsum, Kansas. Dr. Cheney presented these two cases for examination, and both were very interesting. The doctor's paper was discussed by Drs. Crafford, Ketchersid, Nordstrom, Smith, Brittain, Riddell, Harvey, McBride and Moses.

"Skin Grafting," with a report of a case by Dr. E. Smith, Marquette, Kansas. Discussed by Drs. Ketchersid, Crafford, Lagerstrom, Brittain, Klingburg, Harvey and closed by Dr. Smith.

"Gelsemium" by Dr. J. C. Entz, Hope, Kansas. Discussed by Drs. Winterbotham, Klingburg, Riddell, Harvey, Leverich, Crafford and Cheney.

Dr. J. W. Neptune being absent his paper on "Apomorphine Hydrochlorate" was read by Dr. Howard N. Moses of Salina. Discussed by Drs. Lindsay, Leverich, Koons, McBride, Harvey, Riddell, Klingburg, Smith, Hawthorne and Ketchersid.

"Foreign Bodies in the Rectum" by Dr. E. W. Hawthorne, Gypsum, Kansas. Discussed by Drs. Tobey, Moses, Riddell, Lindsay and Seitz.

Committees were reported as follows:

On Program: Drs. Harvey, Seitz and Conklin.

Ethics and Election: Drs. Ketchersid, Riddell and E. O. Smith.

Publication: Drs. Axtel, Brittain and Magee.

The following members were present: Crafford, Harvey, Moses, Winterbotham, Klingburg, Lindsay, Bremen, Koons, McBride, Entz, Ketchersid, Brittain, Nordstrom and Smith. Twenty-one in all.

Solomon, Kansas was selected as the next place of meeting July 6th, 1905.

Fraternally,

L. LEVERICH, *Secretary*.

ANEURYSMS.

E. R. CHENEY.

Gypsum, Kansas.

The subject of my paper is Aneurysms. I selected this subject for two reasons.

First. That you would discuss it, and I receive the gain.

Second. That I might present to you two cases, parallels, for your examination and benefit.

An aneurysm is a pathological dilation of an artery.

Aneurysms are true or false, traumatic and idiopathic, or spontaneous. A true aneurysm is one where the walls of the artery go to make up the walls of the aneurysm, that is, one, two or all the walls of the vessel forming tumor wall.

A false aneurysm is one in which all the coats of the artery are obliterated, and the wall is made up of inflammatory new formed tissue, which finally reaches a point of resistance equal to the blood pressure.

Idiopathic or spontaneous aneurysms develop as a rule in syphilitic, rheumatic, gouty or nephritic subjects, and usually after manhood or womanhood is reached, and always above the lower extremities with possibly few exceptions.

I am convinced that the above statement is true from what I have read and seen of aneurysms.

Traumatic aneurysms usually (so text books tell us) come from punctured wounds or as the result of a fractured bone whose position is near an artery, either causing an injury direct to vessel wall or impinging against it, setting up an arteritis, weakening the coats of the vessels, and resulting in an aneurysm.

I believe the greater per cent of all aneurysms outside the cavities of the body are due to gun shot wounds.

Since I have been in practice I have had three cases of aneurysms outside the cavities and in all three cases they were due to gun shot wounds. The muzzle of the gun was against the tissues. It is possible but not probable that the walls of a portion in all of these were cut away. I believe that the explosion at the muzzle of the gun has paralyzed the tissues for a very considerable distance from the wounds, and they having lost their tonicity, allowing the internal blood pressure to sacculate the artery, and the process will then go on until the inflammatory processes will establish a

wall of resistance equal to internal blood pressure. Symptoms of aneurysms in different patients, differ very much more than our text books would lead us to believe.

In both of the cases I present to you today I discovered the aneurysms, first, the purr that is transmitted to the hand is so peculiar that when once felt will never be forgotten, and I know of nothing else in course of diagnosis, that will arrest one's attention so quick. On auscultation the peculiar booming sensation can not be duplicated.

The purr of an aneurysm will be felt by the patient, and he will always tell you that "it almost stops when I lay down."

The only annoyance complained of will be a muscular weakness and that the limb grows tired much sooner than its fellow.

It is not necessary to go into a long description of symptoms, as the cases I present are so ideal, you will never forget them after you have had an opportunity to examine them.

Treatment: I have very little to say as to it: in one of these cases I used an elastic woven thigh piece, with a polished wooden pad under it, making direct pressure over the tumor.

It was a decided benefit. In these two cases considering the patients' circumstances I do not believe that surgical interference should be thought of at present, but should it become necessary to interfere, I am quite sure I would ligate on proximal and distal side and dissect away the tumor.

APOMORPHINE HYDROCHLORATE.*

J. W. NEPTUNE, M. D.
Salina, Kansas.

Apomorphine is an "artificial alkaloid" prepared by heating in a glass tube one part of morphine and twenty parts of pure hydrochloric acid, the product being subjected to several purifying processes and finally crystalized as apomorphine hydrochlorate.

Its properties are those of an emetic and expectorant. It was first brought to notice by Dr. S. J. Gee in 1869.

In doses of $\frac{1}{4}$ grain by the mouth, or 1-20 to 1-10 grain hypodermically, it produces free vomiting in from two to ten minutes, hav-

*Read before the Golden Belt Medical Society at Gypsum City, April 6, 1905.

ing no bad after-effects, except in cases in which the patients manifest marked susceptibility to the action of the drug.

In case of an adult suffering from bronchitis death has been produced by the hypodermic injection of 1-15 of a grain. (However this amount is considered to be a safe dose and it would not prove fatal except in cases of debility.) In other reported cases in which alarming symptoms were produced or death followed the use of the drug, the doses were excessively large.

After an emetic dose of apomorphine has been taken there is a slight acceleration of the pulse before vomiting takes place, and subsequently a slight depression with speedy return to the normal, the respiration becomes quickened and irregular, the temperature is not sensibly affected, there is complete freedom from gastro-intestinal irritation of any kind, and neither tenesums, colic, nor abundant stools are produced.

In spite of the fact that apomorphine has produced serious results in several cases it is still regarded as a safe and rapidly acting emetic.

Apomorphine does not produce vomiting by irritation of the mucous membrane of the stomach but by its action upon the spinal nerve centers, therefore this remedy should be given when an emetic is indicated in inflammatory conditions of the stomach. The emetic center is excited by small doses (but it must be remembered that toxic doses paralyze the emetic center and narcosis ensues with dilatation of the pupils) the centers of voluntary motion are excited strongly then depressed, the respiratory centers are violently agitated but not afterward depressed. The peripheral nerves, motor and sensory, are not depressed, the cardiac accelerator nerves are excited, the blood pressure being unaffected. (Barmettler.)

In many cases the act of vomiting is succeeded by an irrepressible desire to sleep. As the only known emetic that can be administered hypodermically apomorphine is of value in cases where quick, safe and sure emesis is necessary with the minimum of nausea.

Apomorphine should not be used in cases of poisoning by narcotics after coma, because as before stated the spinal nerve centers are paralyzed or blunted to such an extent that they would not be acted upon by the apomorphine. The remedy is of great value when suicide has been attempted by taking poison and the person refuses to take an antidote.

When apomorphine is given hypodermically from 1-20 to 1-10 of

a grain is the usual dose which may be repeated at the end of twenty minutes if no effect has been produced.

Apomorphine is not only an efficient emetic but it is an excellent expectorant. When administered in small doses and frequently repeated it increases the secretions of the mucous membrane of the entire respiratory tract, therefore the remedy is indicated in all cases in which the cough is dry or the sputum is tough.

It is of especial value in acute laryngitis and in capillary bronchitis. Success in the treatment of capillary bronchitis follows the frequent administration of small doses of apomorphine together with strychnine throughout the course of the disease. Strychnine is given to stimulate the vital functions and to prevent paralysis. The danger in capillary bronchitis is carbonic acid gas poisoning followed by paralysis, and by the early use of strychnine the nerve centers of respiration and of cardiac movement are stimulated so as to resist, for a time at least, carbonic acid poisoning.

Apomorphine causes a bronchial secretion to be formed that not only loosens the plugs of tenacious material which are occluding the bronchioles, but, by the exudation of this thin secretion depletes the swollen mucous membrane, the obstruction is removed and again air passes freely into the alveoli, thus permitting oxidation of haemoglobin and elimination of carbonic acid gas.

Strychnine also aids the expectorant quality of apomorphine by increasing the irritability and contractibility of those muscles which have as a part of their function the expulsion of mucous, and it also improves the tone of the entire muscular system. The more debilitated the patient, whether infantile or aged, the more urgent is the demand for strychnine.

Not only in capillary bronchitis but in the bronchitis of the larger tubes apomorphine is a valuable remedy. If a stimulating action is required monobromated camphor may be given in conjunction with apomorphine, if an anodyne action is desired to relieve a painful and harassing cough codeine and apomorphine make an excellent combination. When apomorphine is indicated in inflammatory conditions of the bronchi and fever is present aconite or its active principle aconitine should always be given in combination with it.

When a solution of apomorphine is first made it is perfectly clear, after a while however, it becomes green from oxidation but this does not interfere with its excellent expectorant qualities. In all diseases of the respiratory tract where ipecac is indicated, this

remedy may be used with better results and without dangerous consequences.

Apomorphine has been used successfully by hypodermic injection as an antidote to strychnine poisoning in dogs and in one case in which it was given by mistake for morphine, it entirely dissipated an acute and severe attack of sciatica. A case of protracted labor depending upon rigidity of the os uteri in which apomorphine in $\frac{1}{4}$ grain dose acted speedily as a relaxant, is recorded by Dr. Milne.

Aside from the use of apomorphine in capillary bronchitis I have undoubtedly derived the greatest benefit from its use in cases of hysteria and like nervous manifestation. To illustrate its use in these cases I relate the following incident: A couple of months ago I was called to see Mrs. F. aged about 35 years, who had fallen on the sidewalk about two hours previously. She was lying on a bed apparently unconscious, her attendants said she had been unconscious, since about ten minutes after her fall and that her legs were stiff and she could not open her mouth, all of which proved to be the case when we attempted to open her mouth or bind her legs. I made a careful examination and found a tender point on the right buttock where she had struck on the walk in falling. But I was satisfied there was no serious injury, as the history of the case had also developed the fact that she was very nervous and had had unconscious "spells" many times before, especially if matters did not go to suit her. I told her attendants that inasmuch as her teeth were set I would be compelled to give my medicine hypodermically, I assured them however that I could "bring her to" in a few minutes I then gave her 1-12 grain of apomorphine and in less than five minutes there was not the slightest rigidity of the legs and her mouth opened without apparent effort on her part. I informed them after giving the hypodermic injection that she would probably be slightly nauseated on awakening, but they said they would not be at all surprised as she had complained of being sick at her stomach before she became unconscious.

This is only one of many cases I could relate, I have used apomorphine in three cases of attempted suicide by drinking laudanum, always with the best results, however in all these cases I gave it before narcosis set in. I have used it in many cases of drunkenness and in one case of strychnine poisoning, always with good results in the former cases, but with no effort in the latter case.

As apomorphine is used only as an emetic by physicians generally, my main object in bringing it to your notice this evening is

to remind you of its excellent expectorant qualities and to assure you that it is one of the best remedies at our command in capillary bronchitis and bronchitis of the larger tubes. It should always be given in solution in from 1-60 to 1-30 grain doses every half to one or two hours. Do not fail to tell the attendant or nurse that the solution will change color after standing a few minutes or they will think you have made some great mistake or that the medicine is spoiling, tell them also that if the dose you have directed nauseates the patient they must decrease the dose or lengthen the interval between doses.

Schuyler Nichols has formed a partnership with Dr. Sutherland at Herrington, Kansas.

Dr. J. W. Bell has given up the editorship of *The Medical Herald* of St. Joseph, Mo. Dr. Charles Wood Fassett has now complete charge.

Dr. Glasscock—Through some oversight the name of S. S. Glasscock of Kansas City was omitted from the list of vice presidents in last month's issue. We regret the omission.

J. B. Perkins of Denver has sent us reprints of his articles on appendicitis and general septic peritonitis. The former is of special interest in that it contains reports from 100 physicians who have suffered from the disease.

A. M. A.—The following Kansans have joined the American Medical Association since our last issue: C. A. McGuire, Topeka; J. C. Maxson, Goff; R. T. Nichols, Liberal; J. W. Neptune, Salina; C. R. Spain, Jewell; J. J. Sippy, Belle Plaine.

Dr. Frank Paschal, president of the Texas Medical Association, has sent us a copy of his address at the last annual meeting. In it he reviews the work of the association along its various lines of activity. The Texas association has voted to establish a state medical journal.

SKIN GRAFTING.*

E. O. SMITH, M. D.

Marquette, Kansas.

Skin grafting though regarded by the laity as a great surgical feat, and often so touted through the daily news columns by surgeons who have a happy faculty of being interviewed at an opportune time is not difficult to perform. The technique is easy but the cosmetic and functional results are not all that could be desired.

I do not present this paper with the idea that I can present anything new or unique in skin grafting either in method or result; but I hope by an interchange of ideas that we may gain some knowledge whereby better cosmetic and functional results may be obtained.

Grafts are obtained from three sources, from the patient himself, autografts; from another person, heterografts, and from animals, zoografts.

The idea of grafting from animals is attractive but the results are too uncertain, and the method has fallen into disuse. Skin has been obtained from the belly of frogs, chickens beneath the wings, pigs, dogs, rabbits, guinea pigs and so forth. Cocks wattles, sections of the testicles of rabbits, and the lining membrane of eggs have been used.

However, autografts and heterografts do best and are used almost exclusively at the present time.

There are three well known methods of skin grafting, the method of Reverdin, the Thiersch and the Wolfe, or Krause's modification of Wolfe. In the Reverdin method, grafts about the size of a grain of wheat are obtained from the arm or thigh. They are cut by elevating a portion of skin with mouse tooth forceps, or preferably a sharp sterilized cambric needle. Dividing with scissors curved on the flat or sharp scalpel, removing the entire epithelium and a portion of the corium without disturbing the subcutaneous fat. The small pieces of cuticle adhere to the surface to be grafted, especially if gentle pressure is made with a piece of gauze. Nothing is gained by wounding or scraping the granulations. The trans-

*Read before the Golden Belt Medical Society, April 6, 1905.

plantation should be close together as the greatest area one graft will cover is perhaps that of a silver dime.

With healthy granulating surfaces little preparation is necessary. The surface should be clean and devoid of necrotic tissue.

Asepsis is desirable but in the majority of cases it cannot be obtained. It is sufficient that suppuration is not too profuse and infection not too virulent.

If strong antiseptics have been used they must be washed away with normal saline solution or with sterile water before transplantation is begun.

Immediately over the grafts may be placed strips of rubber protective or what I found to be better, a single layer of gauze may be fastened around the limb. This permits free exit of the secretions and is simple in its application. As the existence of epidemic grafts are for a time parasitic in their nature, strong antiseptics will not be permissible. However, at the end of twenty-four hours the outer dressings should be removed and gentle irrigations practiced with a mild solution of boric acid or normal salt solution.

The outer dressings should be removed each day and gentle irrigations practiced in this manner. By the tenth day, if successful the grafts will be firmly united.

In the Thiersch method, the patient is anesthetized, the skin is made tense by an assistant, and the surgeon by backward and forward sawing motion of a razor obtains shavings of epidermis an inch or more wide and several inches long; these are laid upon the surface to be grafted so the edge slightly overlaps the other. The dressing is applied the same as in the Reverdin method.

The Wolfe-Krause method consists of removing strips or spindle shaped pieces of skin which are accurately fitted into the defect which is to be closed.

My own personal experience with skin grafting is confined to one case. January 26, 1904, Mary C., child two and a half years old, together with her sister and brother aged 5 and 7 respectively, were engaged in putting wood into a stove, when her dress sleeve, which was loose at the wrist and hanging down caught fire. Her uncle, who was at the barn, hearing her screams ran to her assistance and extinguished the flames, but not until it had burnt all the clothing from her arm and the flesh from her fingers to her shoulder, the entire circumference of the arm was completely baked. Also a patch five or six inches square of the thorax beneath the axillæ.

The shock was great and the constitutional symptoms severe

and for a time we almost despaired of saving the life of this little "scrap of mortality." But after a judicious use of opiates, stimulents and tonics, reaction set in, the skin sloughed, and we had a red granulating surface from the shoulder to the fingers. The only cuticle remaining was on the front of the fingers and the back of the hand to the wrist.

The mother of the child was dead and the father was too shiftless and indolent to be called a man. He being unable to pay for services, arrangements were made with the county commissioners to do the best possible for the child, explaining to them what was necessary and that it would take considerable time.

However, they were anxious that the grafting should begin as soon as possible, so on the 14th of February I began grafting by the Reverdin method, placing on twenty-four grafts. The wound had not granulated sufficiently so these grafts were unsuccessful.

I deferred grafting any more until March the 4th when the surface showed pink, healthy granulations, and the edges of the skin above and below showed evidences of cicatrization. On this date I placed six grafts which were all successful. From this time until the 17th day of April grafts were placed at varying intervals from five to ten days. On the 18th of April the patient contracted measles which caused the arm to slough and we lost nearly all the grafts that had previously taken.

Operations were suspended again for three weeks when they were again resumed and continued as before until June 25th when the surface was practically healed. At various times since there has been more or less ulceration and breaking down from slight irritation, but for the last three months it has been entirely healed and the skin seems to be firm.

There was considerable contraction at the elbow joint though with all she has a fairly useful arm.

In conclusion I wish to say that my experience has not been sufficient to warrant me in recommending a choice of methods. Of the cases that I have seen grafted the Reverdin method has been used exclusively and in all the results have not been perfect.

Dr. Leonard Freeman, of Denver, who has had considerable experience in grafting, in an article on skin grafting says, there is no process so simple and so generally applicable as the Thiersch method, and its results are quite uniformly good, both functionally and cosmetically. However, I am persuaded that both the Thiersch and the Wolfe, Krause method have only a limited range of applicability.

In my own case the constitutional effects of the burn were so marked, the surface to be covered so large, that it was impossible to obtain sufficient grafts from the little patient's own body and the donors were not willing to part with so large an area of epidermis as the Thiersch grafts would require. For the Wolfe-Krause method it is necessary to have an absolutely aseptic wound which is almost impossible to obtain over a large granulating wound.

Dr. F. H. McChesney in the *Medical Record* of June 13, 1903, speaks of a new method of auto-epidermic grafting. The area was cleared off with Thiersch solution, then irrigated with salt solution; the granulating surface was dried with gauze sponges.

The thin blue line along the edge was dissected up and small pieces about one eighth inch square were placed with the raw surface against the newly prepared surface and covered with oiled silk about one inch square. The patient experiences but little discomfort while the epithelial line is being raised and cut off. At each dressing several new islands can be started without discomfort. These cells are very active in their growth and the grafts take very well. This method, like the others mentioned you can readily see would only have a limited range of applicability.

THE NEED OF ORGANIZATION.

If organization is needed for anything it is needed to keep our ranks clear of pretenders and falsifiers. Even when we do our best to keep men who have somehow or other obtained their M. D., from using the newspapers and from slandering each other, we still need to work earnestly at keeping out from our membership those who have not even a medical school diploma.

Below is a particularly flagrant case, where the pretender flourishes as the "green bay tree." If our board of medical examiners represented organized medicine something might still be done.

Dr. G. H. Hoxie,
Lawrence, Kansas.

Dear Doctor:—I will write you the facts as near as possible, concerning ——— of C——, Kansas. For some years he taught

school in Kingman and Harper counties, ending about 1895 or '96. He then went to Wichita and was associated with an osteopath named E——. I do not know how long he was with E——, but some time, the latter part of 1898 or beginning 1899, he located at K——— Kansas, and claimed to be an osteopath and advertised as such. He left K—— in the fall of 1900, connected himself with a patent medicine show and was stranded in C——— about November 1900. He then started an office there and claimed to be an M. D. and a D. O.

When the medical law went into effect March 22, 1902, he made affidavit that he had practiced medicine continuously seven years in the state of Kansas, prior to March 22, 1902. He tried to get two of the local doctors to make affidavit to the same, but failing, he got Dr. Buck of Kingman (who committed suicide about one year ago) and I think Dr. Anson of Norwich, to make affidavit to the same. This is why he got his state certificate.

About two years ago this matter was called to the attention of the state board of medical registration, but they would not take any action on the matter. I do not know why.

I do not have anything personal against this man, except as to all illegal practitioners and quacks, who are a disgrace to any profession.

Respectfully,

May 23, 1905.

Here is one of the man's advertisements, dated October 12, 1899:

"Free Consultation. Permanently Located at Commercial Hotel. Doctor ——, Osteopath. "Natura Medicatrix Morborum."

"The severest pains reduced in 5 to 30 minutes without the use drugs.

"We cure 90 per cent of the following diseases.

Rheumatism, Paralysis, Goiter, Dropsy, Diabetes, Epilepsy, Hysteria, Catarrh, Indigestion, Constipation, Dysentery, Pleurisy, Neuralgia, Nervousness, Fits, Heart Diseases, Kidney Diseases, Nervous Diseases, Blood Diseases, Bone Diseases, Spleen Diseases, Liver Diseases, Tumors, Abscess, Lung Diseases, Eye and Ear, Nose, Throat, Diseases of Children, Gynecology, Headache, Asthma, Bronchitis, Deafness, Tonsillitis, Atrophy, Sciatica, Hemorrhoids, Locomotor Ataxia, Debility, Meningitis, Lumbago, Ulcers, Gout, LaGrippe.

"We cure in Chronic Diseases no matter of how long standing, although others may have failed even to give you any RELIEF.

"We refer you to patients treated here.

K———, Kansas."

A Medical Snap—Three thousand practice in eastern Kansas town of a thousand people. Opposition easy. Collections, 95 per cent. 50 per cent cash. \$500 buys practice and good will. Good reasons. Address

Care JOURNAL Kansas Med. Soc.

PHYSICIAN,

Lawrence, Kansas.

KANSAS STATE BOARD OF HEALTH.

Capitol Building, Topeka.

May 15, 1905.

The following contagious and infectious diseases were reported to this office for the month of April:

SMALLPOX.

County	Cases	Deaths	County	Cases	Deaths
Allen.....	2	0	Osborne.....	16	0
Bourbon.....	15	0	Ottawa.....	6	0
Brown.....	17	0	Phillips.....	3	0
Cherokee.....	14	3	Pottawatomie.....	9	0
Cloud.....	10	0	Pratt.....	5	0
Coffey.....	5	0	Republic.....	19	0
Comanche.....	8	0	Riley.....	5	0
Crawford.....	91	0	Rooks.....	7	0
Douglas.....	13	0	Russell.....	10	0
Ellsworth.....	28	0	Saline.....	9	0
Geary.....	14	0	Sedgwick.....	1	0
Graham.....	2	0	Shawnee.....	1	0
Hamilton.....	1	0	Sheridan.....	6	0
Johnson.....	1	0	Smith.....	9	0
Labette.....	3	0	Stafford.....	4	0
Lyon.....	55	0	Sumner.....	1	0
Marion.....	25	0	Thomas.....	1	0
McPherson.....	8	0	Trego.....	4	0
Miami.....	24	0	Washington.....	5	0
Mitchell.....	5	0	Wyandotte.....	3	0
Montgomery.....	6	0	Kansas City.....	27	0
Nemaha.....	8	0	Leavenworth City.....	5	0
Neosho.....	42	1	Topeka.....	27	0
Ness.....	10	1			
Norton.....	5	0		595	5
			Reported for March	1123	5

SCARLET FEVER.

Allen.....	1	0	Nemaha.....	6	0
Bourbon.....	1	0	Neosho.....	3	0
Brown.....	9	0	Norton.....	2	0
Chautauqua.....	3	0	Pawnee.....	1	0
Cherokee.....	2	0	Phillips.....	7	0
Clay.....	8	0	Rawlins.....	3	0
Cloud.....	3	0	Reno.....	1	0
Cowley.....	3	0	Republic.....	8	0
Dickinson.....	10	0	Riley.....	5	0
Ellsworth.....	2	0	Rooks.....	1	0
Jefferson.....	3	0	Russell.....	5	0
Johnson.....	2	0	Shawnee.....	2	1
Kingman.....	1	0	Smith.....	5	0
Leavenworth.....	10	3	Sumner.....	1	0
Logan.....	2	0	Thomas.....	1	0
Marshall.....	3	0	Wyandotte.....	1	0
McPherson.....	7	0	Kansas City.....	3	0
Meade.....	2	0	Topeka.....	10	2
Mitchell.....	2	0			
				139	6
			Reported for March	166	9

MEASLES.

Cherokee.....	1	0	Thomas.....	2	0
Finney.....	4	0	Trego.....	15	0
Harvey.....	4	0	Wyandotte.....	7	0
Montgomery.....	1	0	Kansas City.....	17	0
Seward.....	2	0			
Sumner.....	1	0		54	0

DIPHTHERIA.

Allen.....	2	0	Reno.....	1	1
Chautauqua.....	6	1	Sumner.....	1	0
Cherokee.....	1	1	Wyandotte.....	11	0
Clay.....	2	1	Kansas City.....	12	3
Crawford.....	6	1	Leavenworth.....	14	3
Kingman.....	1	0	Topeka.....	11	0
Montgomery.....	1	1			
				69	12
			Reported for March..	63	6

EPIDEMIC CEREBRO-SPINAL MENINGITIS.

Gove.....	3	1
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TYPHOID FEVER.

Bourbon.....	1	1	Phillips.....	1	0
Chase.....	2	0	Smith.....	4	0
Cherokee.....	1	1	Thomas.....	1	0
Douglas.....	4	2	Kansas City.....	35	4
Edwards.....	1	0	Leavenworth.....	1	1
Lyon.....	6	0	Topeka.....	3	3
Neosho.....	1	1			
Pawnee.....	1	1		65	14
			Reported for March..	97	14

CONSUMPTION.

Bourbon.....	1	1	Osborne.....	2	0
Brown.....	1	1	Pratt.....	3	0
Chase.....	3	0	Rawlins.....	1	0
Cherokee.....	5	5	Russell.....	1	1
Coffey.....	1	1	Sedgwick.....	2	0
Edwards.....	2	2	Shawnee.....	2	2
Geary.....	1	1	Stafford.....	1	1
Harper.....	1	1	Sumner.....	2	2
Jackson.....	1	1	Kansas City.....	35	5
Labette.....	1	1	Leavenworth.....	3	3
Leavenworth.....	1	0	Topeka.....	1	1
Ness.....	1	0			
Osage.....	1	1		73	28
			Reported for March..	137	86

S. J. CRUMBINE, M. D.,
Secretary.

Brown County organized last November. They now have 22 members. Dr. L. W. Shannon of Hiawatha, is secretary.

SOCIETY REPORTS.

Dr. Allen L. Hearst, formerly secretary of the Wilson County Society, now lives at 5004 Independence Ave., Kansas City, Mo. Dr. E. N. Martin of Benedict, Kansas, is the new secretary of Wilson County.

Sedgwick County—May 9, Dr. S. C. Emley read a very interesting paper before the society, entitled "The reliability and usefulness of chemical and microscopic diagnosis." May 23 the society listened to a very able paper by Attorney Eckstien, on medical jurisprudence, "The physician as an expert witness." He dealt very fully with the requirements and qualifications of a medical expert, and as to privileged communications when to draw the line of demarcation.

H. S. HICKOK,
Secretary.

Butler County—Our County Society has always had hard "sledding." Indifference, local, petty jealousies and quarrels are largely responsible. We haven't over half of the physicians in the county enrolled I think, and not all of the physicians even here in the county seat.

A few of us have hung together, and kept the life in our society for over three years, and we are still hoping for better things. We have good meetings and those of us who participate feel amply repaid for our labor and sacrifices.—W. O. B.

The Cherokee—Medical Society met in Galena on May 9, with ten in attendance.

An excellent paper was read by Dr. H. B. Savage on "Cystitis."

We meet the second Tuesday of each month at 8 p. m. We find by meeting monthly we have better attendance.

H. H. BROOKHART,
Secretary and Treasurer.

Dickinson County—At our last regular meeting we had a good crowd out; all our members and several visitors, among whom were Drs. J. P. Kaster and D. E. Esterly of Topeka. A committee was appointed to draft a "minimum fee schedule" for use of members. The Society works very harmoniously indeed, and each meeting brings in new members.

The "feature" of the last meeting was a "smoker," which was voted a good thing by all.

CHAS. B. BUCK,
Secretary.

Doniphan County—The Doniphan County Medical Society will meet at Eagle Springs Tuesday, July 11.

The subject for discussion will be "Intestinal diseases of children." All members of the profession and their wives are cordially invited to attend as a guest of our society. There will be a bountiful dinner at the Plank Hotel. Eagle Springs is one of the most picturesque and beautiful spots in Kansas, nestled among shaded hills where the wild flowers grow in rich profusion, and the clean mineral waters of the beautiful spring can be enjoyed by all. Come and have a day of recreation with us.

Members coming from a distance will have to come over the B. & M. R. R. to Highland Station, then by hack line.

A. HERRING,
Secretary.

Harvey County—Medical Society met in regular session May 1, at the residence of Dr. O. W. Roff, Dr. F. L. Abby presiding. Dr. S. S. Haury read a paper on "Infantile scurvy," which was quite generally discussed. Dr. J. T. Axtell read a paper on the "Scientific basis of medicine," which was well received and also generally discussed. After the regular program had been disposed of, the doctors and their ladies repaired to the dining hall, where Mrs. Roff and her daughter, Miss Julia, served an elegant banquet of the German order. Those present were Drs. J. L. and Lucena Axtell, Dr. and Mrs. F. L. Abby, Dr. and Mrs. L. T. Smith, Dr. and Mrs. G. Boyd, Dr. and Mrs. J. W. Graybill, Dr. and Mrs. Max Miller, and Drs. Henry Smalt and Mayer of Newton, and Dr. and Mrs. Kanavel of Sedgwick.

The meeting adjourned, peace and harmony prevailing.

J. W. GRAYBILL,
Secretary.

EMPYEMA.*

GEORGE M. SEACAT M. D.,

Cherryvale, Kansas.

The sequela of a disease is often more troublesome, causes the physician more anxiety and calls for the exercise of greater skill and better judgment than the disease of which it is a sequence.

While empyema may, in rare instances, be a primary disease, it is much more frequently secondary to some of the infectious diseases. It is of bacterial origin and arises from infection of the pleural membrane with some micro-organism and may supervene upon wounds of the chest, involvement of the pleura in tubercular processes of the lung, bronchiectasis, pulmonary abscess, gangrene, cancer or tubercle of the pleura, chest wall or bronchial glands; cervical abscess, pericarditis, caries of the vertebræ, ribs or sternum; peritonitis, abscess of liver, spleen or pancreas and perforation from a gastric ulcer. More frequently it follows measles, whooping cough, diphtheria and erysipelas but most frequently of all do we find empyema after pneumonia, typhoid and scarlet fevers, particularly the former and especially if there be a pleuritic involvement or pleuro-pneumonia. It is also a sequence of sero-fibrinous pleurisy in persons whose general health is below par.

The clinical history is variable. The onset may be abrupt with much elevation of temperature, cough, pain and difficulty of breathing, but often it is insidious and occurs during the course of, or following, the disease of which it is a sequence. In pneumococcus empyema the trouble usually begins immediately after the crisis of the lung inflammation but it may occur during convalescence or even months afterward and in some cases there is no elevation of temperature though the usual temperature range is from 99 to 102 degrees.

The clinical picture of pleuritic effusions presents many features common to all of them and in examining the various authors we find described a multiplicity of fine distinctions in diagnosis by the different methods—inspection, palpation, percussion and auscultation, but the signs and symptoms that stand out most prominently and are diagnostic, are the absence of lung expansion on the affected side, the flat percussion note at the base and possibly Sco-

*Read before the Southeastern Kansas Society, March 5, 1905.

diac resonance at the apex of the lung, displacement of the thoracic and abdominal viscera, enlargement of the affected side with obliteration of the intercostal spaces, accelerated respiration and marked dyspnea; and the distinguishing features of empyema are the extreme displacement of the heart, oedema of the chest wall on the affected side, the more irregular, septic type of fever—though this symptom is sometimes absent, greater prostration and emaciation, less cough and the absence of pain.

In the treatment of empyema there is but one course to pursue that affords any hope of a good result and that is to empty the pleural cavity at once by surgical means. Some authors recommend a temporizing procedure in pleuretic effusions—watching the signs and progress of the disease for from two to three weeks after the cavity begins to fill, hoping the while that there may be absorption of the fluid but I say to you, Gentlemen, that the hope of removing a pleuritic effusion of whatever character, by the use of eliminant drugs, is a delusion and a snare. The reason given by those who advocate the non-interference in the case of serous and sero-fibrinous effusion is the fear of changing an aseptic condition to a septic one—a serous to a purulent effusion by the introduction of pyogenic organisms from the outside, but with the aseptic procedure of the present day, there is no valid reason why such a thing should occur and the removal of even a part of a serous effusion in this way will do more to promote absorption than any course of medication will do and when the effusion is purulent there is no other course open to us.

The surgical means recommended in these cases vary between two extremes—the one is simple aspiration, the other the resection of several ribs—practically cutting away the bony frame work of a great portion of the chest wall. In rare cases this may be necessary but in a majority of cases all that is required, is free incision of an intercostal space of sufficient extent to afford perfect drainage. The after treatment consists of tonics, a generous, nourishing diet and life in the open air as soon as the patient is able to be out.

Portland—If you are going to Portland write Dr. Hoxie at once. It will be far more pleasanter to go with a car of Kansas physicians and their wives than to go with a mixed crowd. We are arranging for arrival in Portland in plenty of time for securing hotel accommodations. If you go with the car, you can come back by the Northern Pacific and see the Yellowstone Park, if you wish it, only please specify your return route in filling out your blanks. **WRITE NOW.**

THE ADULTERATION OF FOODS AND MEDICINES.*

J. C. FEAR, M. D.

Waverly, Kansas.

That there is no class of men more interested in means of preventing the adulteration of foods and medicine than the physician, is apparent to all. Therefore I need make no apology for bringing to the mind of this body of physicians of the Kansas Medical Society, the need of a law that would aid in giving us foods and medicines that are more free from the harmful ingredients that are added to deceive the public and is incidentally to destroy the health.

I do not propose to enter into detail as to the manner of adulteration but call attention to the fact and to the evils arising therefrom, and if possible to interest the profession in the means of preventing it. The intemperate use of even pure food often is very detrimental to the health. How much more so than those that are mixed with inert and earthy substances.

Take for example, much of the candy, the inferior grades of which I am told by the candy maker, are composed largely of white earth or clay mined in Minnesota. Can we doubt for a moment the harmful effects of such on the delicate organs of digestion of the child.

Many medicines we buy are adulterated so as to be unfit for use. We prescribe an elixir of pepsin, and our patient gets all elixir and little, if any, pepsin. Or you prescribe bismuth to find your patient taking a mixture of bismuth and chalk or plaster of Paris.

The luckless infant is fed on milk, water and chalk, later on sugar and white dirt in about equal quantities, called candy, alum in his bread, sand in his sugar, pumice stone and alum in his baking powder, logwood and tobacco in his whisky, (in all states except Kansas) and if he is so unfortunate as to fail to enter at the "pearly gates" no doubt his satanic majesty will entertain him with a substitute for brimstone that is JUST AS GOOD.

The National Bureau of Chemistry is making extensive examination of food and food preservatives and their effect on the human body, and under the direction of Dr. Wiley much good is being accomplished along this line. Foods are bought at various points in

*Read before Southeastern Kansas Society March 1 1905.

the open market and are subjected to tests both chemical and microscopical.

The early Grecians sought to lessen this danger by the appointment of food inspectors.

England passed her first pure food law about fifty years ago.

Massachusetts was some twenty-five or thirty years later and was the first in our own country. Now nearly one half of the states have some such law.

The Hepburn bill which has already passed the national house and the McCumber bill now in the United States Senate are steps in the right direction and should receive the support of all physicians.

In these few remarks I do not presume to cast any reflections on the many reliable firms who do a legitimate business, and who have built up a business reputation for honesty and fair dealing. But the pirate who poisons the sick man for the sake of a few dollars is no better than the burglar who robs him while he sleeps.

ECLAMPSIA.*

M. A. FINLEY, M. D.

Cherryvale, Kansas.

It is with great reluctance I take up this subject. Reluctant, because almost every man who has investigated it has arrived at a different conclusion regarding its cause and treatment, and because, not many pioneers see such cases often enough to awaken deep and lasting interest in the malady. But certainly a subject which has stood the glare of the search light of scientific truth for so many years and yet has not yielded to the genius of man, deserves some attention from the medical fraternity. So in discussing this question I shall only attempt to study some of the relative causes and physiological changes incident to this malady, and if I succeed in arousing some thought and discussion of the theme, I shall be amply repaid.

Nothing excites the family and friends of a young, robust, ex-

*Read before Southeast District Medical Society March 1, 1905.

pectant mother like having her period of gestation cut short, or her first labor ushered in by the terrific convulsions which are attendant upon the eclamptic state. And no other thing is more trying to the practitioner, because often by the time he arrives all her relatives and friends have announced death as sure, and in their grief stricken excitement they require as much attention from the physician as the patient herself; or else they have looked upon the pale sufferer until they have lost all courage, and are anxious to quit the room where such scenes are enacted, and consequently in either case, the doctor has a lack of co-operation, which, together with the glaring eyes, expressionless face and rigid form of the unconscious sufferer, all make for him a scene long to be remembered.

But when the ordeal is over, and the patient is relieved, either by him or death, the physician returns to his office determined to investigate the cause of this terrible disease and prevent it in the next case, if he possibly can.

On the page of etiology in his texts, he finds many suggestions and theories advanced. But after perusing them he finds the author himself is not sure, but simply suggests what others have suggested, and usually ends by citing cases where none of the named causes seemed to be found.

Joseph DeLee, in the Year Book for 1904, says: "Eclampsia is called the disease of theories." The multiplicity of theories, which have lately been advanced, shows too, that we have not yet arrived at the truth, as to the causation of this dreaded disease.

Zangenmeister disputes the old theory of toxemia being the cause. In his examination of eclamptics, he finds no signs of uremic etiology of the convulsions, but an intermittent increase of the red blood corpuscles and diminution of plasma making the blood very much thicker in parts of the body at times. But the fact that this phenomenon is intermittent, and not always the same, shows that it is neither cause nor effect of the convulsions, but likely due to severe circulatory disturbances, which are in turn due, probably, to failure in the nervous system to properly control the circulation.

Albert considers the disease due to a latent microbic endometritis during pregnancy. Seitz thinks he disproves this by failing to find any microbes in placental site of elamptics who died during delivery.

DeLee says convulsions are results of acute variations in the arterial pressure in cerebrum, and that these produce the anemic necroses found in other organs.

Mueller thinks still it is due to the sudden entrance of toxins

into the general circulation, and that the convulsions are analogous to the chills of pyemia, but does not think the toxin comes from the kidney condition alone.

Notwithstanding the fact that the theory of albumin in the urine as the cause of eclampsia is being disputed by many and disbelieved by more, there are certain pathological changes in the kidneys and modifications in the urine which are hard to explain.

We find albumin in urine of large per cent. of eclamptics, but this condition exists in seventy-nine (79) per cent. of all women in labor. DeLee says it is due to disturbance of kidney circulation, probably spasm of renal vessels, and finds similar changes in arterial pressure of brain, liver and other organs.

Whitney, Clapp and Palmer show, that the principal change in urine of eclamptics consists in a decrease of the nitrogen eliminated as urea, but an increase in the amount of loosely combined nitrogen which is precipitated by phosphotungstic acid, and decomposed by sulphuric acid; and thinks diminution of urea more causative than increase in albumin. Hirst on the contrary claims it is albumin and not urea that is the index, and says that the statement that one per cent. and less of urea is a danger signal, is fallacious. However, there are usually grave changes in urine and gross lesions of kidneys. The convoluted tubules are especially involved in the kidney, but other tissues frequently affected. Some attribute this to circulatory changes, but Bar thinks it results of toxins in kidneys.

Very great changes are also found in the kidneys and other organs of children of eclamptic mothers; changes similar to that found in the mother. So great are these changes, that eighty per cent. (80 per cent.) of the children die, and the remainder are puny, and the vital organs are more or less affected for some time.

This, Gentlemen, would show that there must be some gross deficiency in the kind or amount of blood supplied to the child. Whether this is from toxins in the blood rendering the quality less enervating, and more poisonous to child and mother, or from some loss of the nervous system in its power to control the metabolic functions of the different organs of the eclamptic mother, as well as the distribution of poorly equipped blood to the offspring, is a question science has yet to decide.

Still, we should not rail at conditions we cannot control, and sit idly by and not try to improve the conditions as we find them. The exact causation factor may not have yet been found: all the pathological conditions perhaps are not yet discovered, but the later re-

searches all point toward some nervous influence, or lack of nervous control as a prominent factor in the disease. I have noticed, and contemporaries with whom I have talked on this subject, that the trouble occurs most often in round faced, blonde women. Persons of nervous temperament, quick, irritable and sensitive seem most often to suffer. The well known increased excitability of the nervous system of pregnant and parturient women, predisposes to eclampsia from slight causes. The nervous system during gestation is on a great strain and no doubt loses power of control over many organs of the body. The loss of control of the nervous system may cause albumin in urine, lessen the amount of urea, cause changes in kidneys, poor digestion, cholemia, hydremia, leukemia, imperfect elimination of carbonic acid by lungs and general anemia. These with a woman's almost complete isolation from society, develop a mental state which in turn aggravates the physical disabilities, and needs only a little emotional excitement, worry or sorrow to quickly turn the balance and we have eclampsia.

In nearly all cases you will find some exciting cause. It may be worry concerning her condition, uneasiness about her impending labor, or chagrin from a too speedy delivery after marriage. But, by close search you will usually find some hidden sorrow, some regrettable occurrence, or some great fear of an approaching crisis which is having great psychic effect upon the patient.

In all the cases of eclampsia which I have seen I have been able to find the exciting mental cause, and of course, some of the predisposing factors. To illustrate my idea I cite a few cases:

Case 1. A buxom girl of twenty, round face blonde, whose parents died of typhoid fever when she was a child, (after which she) was raised by a childless aunt and uncle. The family moved from Cherryvale to Michigan in the spring of 1900; the old folks returned to Cherryvale in the fall of the same year; in a few months the girl followed, and when she arrived she showed signs of pregnancy, and then the word went around that she was married in Michigan and that her husband left her. But during the unconscious moments of her eclamptic state and subsequent puerperal mania, she discloses the fact that her old uncle was probably to blame for her pregnancy and her worry and chagrin over the fact, I take it, was the exciting cause of the eclampsia and puerperal mania which followed. True she had albumin in urine, and her feet and ankles were swollen, but might this not have been from worry as we know worry is given as one of the causative factors in albuminuria.

(Continued next month.)

FOREIGN BODIES IN THE RECTUM.

E. W. HAWTHORNE, M. D.

Gypsum, Kansas.

I have selected this subject because of its rarity. It is a subject that our text books pass by with only a casual mention, mainly I believe because the authors or at least a large per cent of them have never met with a case of sufficient importance to arouse interest in the subject. Many physicians practicing a life time do not meet a case. However in my practice it has been quite different, having met with a number of cases, two of which were of sufficient importance to be worth here reporting. The introduction of foreign bodies into the rectum are both accidental and intentional, and usually the accidental cases is of a more serious nature than the intentional ones are, but as one of the cases I report today will show that the intentional cases may result seriously or fatally. A foreign body might be passed into the rectum producing serious results by falling on pointed projecting objects, as picket fence, fork handle, upturned harrow teeth, etc.

The treatment of such an injury is purely of a surgical nature and will not be discussed in this paper. Another accidental means of foreign objects becoming lodged in the rectum, is by being swallowed and passing through the entire alimentary canal. Many objects have been removed that has become lodged there in this manner, such as false teeth, small coin, pins, hairpins, small articles of jewelry, etc. I wish here to relate a case that occurred in my practice in 1895 of a young man who swallowed while eating oysters, a piece of solder, from the can containing the oysters. He remarked at the time that he had swallowed something sharp that to some extent had lacerated his throat. However the object gave him no trouble for several days. He had nearly forgotten the accident, but the morning of the fourth day on going to stool, he experienced great pain, and any effort on his part to assist in defecation, produced unbearable pain, and he called upon me for assistance. Upon introducing the finger the object was easily located, but any attempt to remove it, produced such pain that it was necessary to give chloroform. When under the anesthetic, the sphincter dilated, the object was easily removed, the parts cleansed, the bowel was seen to be punctured. Rectal enemas was ordered for a few days and early union of the injury followed.

The intentional introduction of foreign bodies into the rectum is done frequently, from a morbid perverted sexual impulse, or by the insane. Or it might be done in rectal ailments where there was a pruritis ani, for the relief afforded in scratching, as in the following case that occurred in my practice in 1893 (A report of which you will find in Gant's work on disease of the rectum and anus on page 362). I was called September 1st 1893 in great haste to see Mr. B. aged 70, found him in bed suffering great pain and the knotty end of his stick protruding from his anus. He gave the history of having itching of the anus and rectum. And had while at stool introduced the end of the stick to scratch, and as the relief was great he had continued to pass it higher, until it was passed high up into the bowel. But being content with the relief afforded endeavored to remove it, but it did not readily come away, hence he made traction on it, but still it failed to come away, but gave him pain. Now being ashamed to be found in that condition he pulled with all his might which caused him severe pain and loss of blood. After a number of efforts at removal, failed he give up in despair and called his wife and son to his assistance, but their efforts were not rewarded by any better results than his. They removed him to the house and sent for me. Upon my arrival I introduced my finger beside the stick and by passing it high up I discovered the sharp hook like process had passed through the bowel wall. By hooking my finger over the loop in the bowel, I pushed the stick up and unhooked it. And then keeping my finger against the sharp point of the hook removed the stick without farther trouble. Upon examination the bowel was found lacerated from about four inches above the sphincter to as high as I could reach with my finger. The parts were cleansed as well as could be done, and rectal aenemas given to wash away fecal matter.

But as soon as water was injected into the rectum it undoubtedly passed into the peritoral cavity, for he never passed any of it from the bowel. He was suffering great pain and morphine hypodermically was given to relieve the pain and quiet peristalsis. I asked for assistance in the case, requesting a surgeon competent to do an abdominal section and endeavor to repair the rent in the bowel. But this the folks disapproved of, saying I could do all that was necessary. But to satisfy me they called in a young physician near by and together with diligence we watched the old gentleman die about thirty-six hours from time of injury from general peritonitis, abdomen greatly distended and high fever. A post mortem was refused, hence the full extent of the injury could not be ascertained.

PROFESSIONAL SYMPATHY AND HOW TO FOSTER FRATERNALISM.

W. A. KLINGBURG.

Elmo, Kansas.

"I had a dream which was not all a dream,
The bright sun was extinguished, and the stars
Did wander, darkling, thro' the eternal space,
Morn came and went, and came and brought no day,"

Thus has the poet expressed a state, which is so prevalent among the medical fraternity of our country. Darkness and mist yet hover over us, and we can but dimly see through the future.

I have chosen this subject because it is one that weighs heavily upon my heart, and because I hope to express some thoughts that may help us to grow in professional kindness to each other.

As we behold the field before us we observe the lack of courtesy, of respect, and of reverence, that ought to be manifest among us. Our profession is so large, there is so much good to be accomplished, and so few of us to do it, that we must not manifest any other than a sympathetic spirit. We must all acknowledge that there is a great want of sympathy in our profession. Who is to blame for this condition of affairs? First, I think our colleges and universities are slightly to blame. Not many of us while students hear many lectures on medical ethics. Our time is too limited, and we think we cannot afford to take a course in this most important subject, which has so much to do with our future success and happiness. I desire not to blame any of our noble minded professors, who are so imbued with professional sympathy and brotherly kindness that they are a standing potential force for instruction in medical fraternalism and ethics.

Our profession is the noblest in God's kingdom. Why, then, is there so much turmoil and strife among us? I think we shall find after close examination that the most trouble is in our own hearts. Pardon me for a little personal experience, which may show how some of us are apt to treat each other professionally: Four years ago I received my diploma, and finding a location in a medium sized town, I waited for patients. Not many came, and having a few leisure moments, I ventured to call on some of my elder competitors, those who had a name and a well established practice. I think how chilled I was at heart when I received an icy hand and the caustic remark, "So you are a graduate of *Rush*, a regular diploma mill." Not a

word could I utter, and taking my leave I went back to my office with a broken spirit.

Have any of you met with such an experience? Then you know how I felt in those moments of despondency. I came to him that I might receive encouragement and received discouragement. "I asked for bread and received a stone." This experience chilled me to the very quick, and I trust I shall never give anyone such an offense. But "behind the clouds is the sun still shining." Darkness finally disappeared. I embraced the opportunity to settle in another community. Here I was again a stranger in a new country. This time my lot fell among men; sturdy, generous, humble, and mindful of their brother's needs. When I went to call on them, I received a warm, hearty handshake that made me realize that I was counted worthy by them. My interest was their interest, what harmed me harmed them. They could in no wise give offense without themselves being offended. Here was fraternal sympathy personified; and I went home feeling that the world was new, that the vapors had lifted, and that I was a man among men. What was the result? I was inspired to work, I was eager to anticipate the wishes of my new found friends. In short, I was enthused, and anxious to convey the fraternal spirit that had done so much for me. Then my thoughts were lifted from material things, and I asked the Wise, the Omnipotent, the Brotherly Physician to abundantly bless those who had done so much to foster the fraternal spirit.

"Yet a little while and the all-beholding sun shall see us no more." Let us not then let the golden opportunities pass, when we can lighten some despondent hearts.

Let us now, for a moment, consider some of the ways in which we can foster the fraternal spirit. First, let us get our hearts right. Let us be purged from all unclean thoughts, let us apply the mechanical cleansers until all macroscopic corruption is removed, and then thoroughly disinfect our minds from all microscopic filth by the most potent germicidal agents. This we may do by thinking no evil, by observing only each others' good points, by not giving heed to any evil reports, in short, by not letting any extraneous matter pertaining to our fellow workers poison our minds. But rather, let us show the spirit of the Great Physician who went about doing good. Let love be without dissimulation, looking forward always to that which is good, which is noble, which is elevating; in honor preferring one another.

While in a certain sense we are competitors in business we should in a higher sense be co-laborers, working for each other

rather than striving to secure each other's patronage. And let us always remember that if we further our brother's interest, we will be more than well repaid, by the sense of peace that will fill our souls. The more we respect each other the more will we be respected by the laity. Why are so many of us called "Doc" by a certain class of patients? The people do not reverence us as they should, and I think we are in duty bound to resent any slurs that may be hurled at our co-laborers. Sooner or later our brother will hear what we said about him, and the opportunity may soon come when he can return the compliment with usury.

Again, when called in consultation we should be very careful to give no offense. If we cannot agree with the diagnosis of the attending physician, let us reason together. Let us investigate and see if we cannot come to the same or similar conclusion, and not tell the family that Dr. So and So is entirely wrong in his diagnosis, and that the treatment has been worse than useless. If this is done both physicians fall in the eyes of the laity. We now have recourse to microscopical, chemical and bacteriological means to assist us in making our conclusions, and if these are dilligently employed by both attending physician and consultant, there will be less and less difference in diagnostic opinions.

I have sometimes thought that we could foster the fraternal spirit if neighboring physicians would mutually agree to abolish the consultation fee. Then we would feel more like having consultations oftener, and not embarrass our patrons.

Again much good could be done if the physicians of one county would agree to send from one to five of their number to school for a post graduate course, and do the absent ones' work, and remit the proceeds to them at school, and on their return turn over their former patrons to them. In this way we could do much to foster the fraternal spirit, and at the same time be of much benefit to ourselves.

We would be greatly aided by writing letters to our fellow practitioners. Letters of love, letters of friendly criticism, letters of scientific interest. This to be sure would occupy some of our time, but we would be well repaid in this kind of correspondence.

We are all greatly benefitted by our quarterly gatherings. Here we meet face to face and have heart to heart talks, here we can commune soul with soul, and return again to our homes, refreshed and quickened for our work.

Lastly I believe we would be greatly helped if we would but remember that there are certain kinds of work that we can do much

better than others. And that the older ones among us can teach us many things we can not learn in schools, and that the recent graduate may know more of modern laboratory methods.

Let us then, think along this subject of fraternalism; for it is one that will give us the choicest blessings. Let us remember that we owe each other a duty and try to fulfill it.

Let us look for a few moments into the future. There I see again in a dream the hosts of noble physicians who have gone before, gathered around the throne of God; and suspended by golden cords from the celestial dome above, I behold the glorious banner of medical fraternity, and on it inscribed the names of those who have in this life manifested a true fraternal spirit.

Shall we not all strive to have our names inscribed on the royal banner of brotherhood?

ARE YOU ELIGIBLE FOR RECORD IN THE NEW MEDICAL DIRECTORY IN THE U. S.?

A directory of physicians in the United States, each of whom has been passed upon by his peers, and taken into their fellowship, has never been published. In fact previous to this it has never been possible, because there was no means of sorting physicians. Hence laymen have collected the entire mass, and the reader had to assort as best he could.

In a country large as the United States, the number of deaths, removals, and ceasing of active practice, is simply stupendous, as he has observed who sought to communicate with any considerable number of doctors.

Accurate information of all physicians in the United States is needed for the successful prosecution of many kinds of work. Insurance companies need it for the selection of their medical examiners; all who deal with physicians need it; each physician needs it, that he may select proper persons to care for patients who remove to distant places and seek a reliable family physician or specialist.

The *Journal of the American Medical Association* proposes to supply this need, and issue a reliable directory at an early date.

This will be based on the records of the state societies and their component parts. Only those will appear who have paid their dues in advance and are otherwise in good standing. The college, year of graduation, and date of license to practice will be given.

The names of the State and county societies will be listed, with places and dates of meetings, names and addresses of officers, etc.; medical laws of each state; names of members of board of health; names of licensing boards; names of the officers of the medical departments of the army, navy, and marine hospital service; examining surgeons appointed by the commissioner of pensions; names of national and state and local charitable institutions, with their officers; and such additional information as is important to physicians.

It is estimated that this directory will contain about fifty thousand names—necessarily the cream of the profession. To members of state societies and their components the price will be nominal—to all others a small profit will be charged. If desired, separate directories will be issued for separate states.

It now remains for each to make this more valuable, by first making sure that his own dues are paid in advance for the current year; and second, by laying the matter before his friends, that they may join the county and state society, and have their names enrolled. Thus an additional reason is offered for those outside organization, to step in—get in lest you be left.—*Michigan State Journal*.

Albert Newman, one of our pioneers and a former teacher of physiology in the University of Kansas died at Lawrence April 28, aged 80.

That acetozone is a valuable germicide is demonstrated by its effects upon typhoid bacilli and cholera vibrios in river water. In their experimental work Freer and Novy (Contributions to Medical Research, p. 107.) made the following tests:

a. A cylindrical glass-wool filter was prepared, and on it was placed a layer of acetozone crystals, about 3 cm. thick. A bouillon suspension of typhoid bacilli *passed once through this filter yielded a sterile filtrate*, while control tubes gave the usual abundant growth.

b. A liter of tap-water was sterilized by heat and, when cool,

a suspension of cholera or typhoid germs was added, the experiment being repeated several times. Ten to twenty milligrams (1-6 to $\frac{1}{3}$ grain) of acetozone was added and after thorough shaking, portions of the liquid was taken out and planted in bouillon and agar which was plated. In each instance the cholera germs were destroyed completely in five minutes, and the typhoid germs in fifteen minutes by the extremely small quantity of acetozone used. It should be observed that the addition of 10 mg. acetozone to 1 liter of water represents a solution of 1 part to 100,000. Controls gave abundant growths, the plates yielding 600,000 to 800,000 colonies.

The Waterbury Chemical Company of Des Moines, Iowa, who are manufacturers of Waterbury's Metabolized Cod Liver Oil (tasteless) have lately opened up foreign trade in a number of South American countries, West Indies, and the island of Cuba. This preparation has met with most phenomenal results and is conceded today to be the most powerful nutrient tonic on the market and is used in many of the largest government and state institutions and in many of the foreign hospitals.

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AN OPPORTUNITY.

There will soon develop in Kansas an opportunity to test the strength of our organization. It will show conclusively whether or not we are an organized profession. It will show also whether the spirit of graft is more powerful with us than the spirit of medicine—the desire for the advancement of the healing art and science,

If the sectarians should demand that some of the state institutions should be handed over to them for the exploitation of themselves, it would be a calamity, for them as well as for true progress. There is no sectarianism in scientific medicine, and no follower of Hahnemann or Scudder who really seeks to advance the healing art should hold aloof from the Kansas Medical Society or its component societies. We are all seeking the best methods and the principles underlying successful practice. Hence we are glad to associate with all physicians who seek the good of medicine, rather than personal glory or commercial prosperity. We claim therefore to represent ALL the best physicians of the state of Kansas. If a man is not with us, it is because his personality is such that he can-

not associate with men who are doing the best they can to heal the sick and promote public health. Let us then be not deceived by a clamor from those who pretend to be something which they are not: they seek, not the good of society, but simply and solely the advancement of self.

What we really need in Kansas is more science in our medicine. By science we mean exactitude in observance and recording. For instance, we need to be objective rather than subjective and we need to think of our posterity rather than ourselves. An example of one phase of this is to be found in many of the most interesting case reports in our JOURNAL. We read them with interest, but we can not learn much from them because the case histories are not complete enough, nor the laboratory findings given in such a way that we could compare our cases with those there portrayed. Another example: while a student my instructor in surgery would show me a patient and ask me to tell what I saw, I would say at once for instance, "a lipoma." He would correct me by saying, "No, you see a tumor located on the back along the vertebral border of the scapula, in size one inch from right to left, one half inch from above downwards, and extending above the surface of the skin three quarters of an inch; of the same color as the skin, of elastic feel, etc , etc." In other words he wished that I be objective and scientific, that my statements be such that others could learn from them what I really saw.

Now if we can all be objective and scientific—and honest, there is no need for sectarianism in Kansas. Hence when this matter to which we have referred above arises, let us go to our fellow citizens and our law makers and demonstrate that what is sought by the authors of the clamor is not the opportunity to demonstrate truth and promote the public health, but simply and solely an opportunity for personal graft.

Board of Health.—The governor has reappointed the former members of the State Board of Health. They are: Dr. E. P. Mills of Olathe; Dr. A. B. Scott of Jetmore, and Dr. Carlile of Leon.

SKIN THERAPEUTICS.*

DR. HUGH WILKINSON.

Kansas City, Kansas.

The therapeutics of the skin is notably a "bugbear" to the general profession, more especially to the young practitioner. Time and again I have heard recent graduates say they knew nothing about skin diseases. Personally, I like very much this subject, and, while I find it a hard proposition to handle at times, I think its main attraction is the fact that you can see with your eyes, and not your minds, what you have and what you are doing in a case.

You can see the disease as it affects the skin but after all, dermatology is really a part and parcel of the great branch known as internal medicine, for a large bulk of the diseases of the skin are merely superficial manifestations of constitutional maladies. This prompts the thought that one must know internal pathology and medicine before he can hope to be successful in dermatology.

Nevertheless, if a man knows well six diseases of the skin he is well along in the subject I am discussing, for 50 per cent of the cases of skin trouble which present themselves to doctors for treatment come under one of six varieties, so if a man can handle these six successfully he is far ahead of the average. Still, the man who knows something about those diseases which make up the other 50 per cent is bound to win many points over the man who knows only his six.

These six diseases are: eczema, syphilis, acne, psoriasis, impetigo, and parasitic diseases. These are named in the order of frequency. But if all cases of acne came to a physician for treatment it would easily lead the rest. As it is, eczema leads with an average frequency of about 27 per cent.

The first thing I do when I get a skin lesion to treat is to think over these six varieties and compare my case to see if it comes under one of them. When they make up 50 per cent of all if you don't know it is a fairly safe "guess" to guess one of the six.

It is not the purpose of this article to write a treatise on the treatment of skin diseases but to try and pick out a few useful facts and theories on the subject as I have seen and heard about them.

*Read at Wyandotte County Medical Association Oct. 24, 1904.

In the first place, the treatment of this class of diseases is divided into two general heads, namely: *Internal or general* and *external or local*.

Some lesions require only one of these and some both. It is our duty as the doctor to decide this point and know which to apply and when to apply it. Many cases get only a simple local application when they need vigorous internal treatment combined with careful local hygiene and medication. Some get the latter when they need only the former.

For Internal Treatment—I will say there are few specifics. If we have a syphilitic lesion we know it will usually melt away like magic under proper internal or general administration of the mercurials or iodides. These are the only real specifics I know of outside of quinine in malaria.

But we can do wonders in many cases of properly applied internal remedies and hygienic measures.

The diet is the most important factor, one of them at least. We know the skin is a powerful eliminating organ and if we have a diseased skin we must put as little and as light work on it as is possible, just as we do in the case of a diseased kidney, a diseased heart, an inflamed joint or any other organ. In order to accomplish this end with the skin we give a diet that will cause the nearest complete oxidation in the body, leaving as few waste matters as possible to be thrown off by the skin, and, furthermore, we aim at a perfect function of the other eliminators, as the bowels, kidneys and lungs. We know these organs all work in conjunction, for don't we keep the sweat glands working full force when the kidneys fail us? Then we can certainly reverse and say, that when the skin needs a rest put all the work possible on the kidneys, and, also on the bowels and other eliminators.

So the main point to be gained in the general treatment is to gain perfect elimination, other than through the skin. There may be other diseases which affect the skin trouble and these must be appropriately treated. It may take a proper tonic regime to build up the system from some tubercular or suppurative disease.

Some drugs seem to have a marked effect over certain diseases in certain instances. Arsenic has long been held a specific in some diseases and does show marked value in many instances of them. But I have been taught and have learned from experience to rather save it as a last resort after other things have failed, at least in the

majority of cases. It undoubtedly has some action on the skin cells and their functions other than its general tonic effect on metabolism and nutrition.

Arsenic's chief value is in psoriasis, acne, squamous eczema, pemphigus and lichen ruber. I know nothing about the last two from personal experience but in some cases of psoriasis and squamous eczema, I know you will get marked benefit from the proper internal use of arsenic.

The best form to use is Fowler's solution starting with a small dose, well diluted, always after meals and increase the dose very gradually in order to test the patient's susceptibility, and extend the treatment over a long period of time. We are not to expect benefit too soon from arsenic, even waiting several weeks or months.

Calcium sulphide has been held to be a specific in suppurative skin lesions, more especially in furunculosis but also in impetigo and acne vulgaris. I think its value in these cases is greatly overestimated as the lesions are mainly local infections of pus microbes and I can see no special value of the drug mentioned unless it has some tonic effect.

As eliminators the salines, such as phosphate of sodium, sulphate of magnesium, citrate of potassium, sodium or lithium and the acetate of sodium or potassium are very valuable. Or we can use the various waters possessing the values of these salts and in these we get the good of the water contained, for water is a good remedy in most cases, taken internally in large quantity at proper times.

But these general remedies and measures are, in most cases, more or less adjunct to the

Local Treatment: The local treatment of a skin lesion is in most all cases the most important and pressing one, the general treatment bearing a secondary or accessory role. Nearly every drug in the list has been used for some purpose or other in local applications. But by proper combination and application we can accomplish nearly all results obtainable with a very few.

"There are three points to be aimed at in the external treatment, namely, to hasten repair, when possible; to alleviate distress, if palliatives only are admissible; to destroy absolutely or excise diseased tissues when justifiable."

The most widely used article is, of course, Water. It may be highly beneficial or greatly harmful. In diseases needing a general tonic and stimulant the various kinds of baths are beneficial. In the local treatment of most affections the application of pure water

is very liable to be harmful and its effect must be varied by solution or mixture in it of various substances. For a purely sedative action the admixture of bran or oatmeal softens it and makes its action much less irritating and this mixture makes the best cleanser to use in irritative skin lesions, such as eczema, erythema, urticaria and pruritis. I commonly advise bran or oatmeal in a thin muslin bag to be sopped in the water to be used.

Some chronic diseases may need an exactly opposite effect, as a chronic indolent eczema, psoriasis or acne. In these we usually add some strong soap, as green soap, and shampoo the part for a stimulant action.

Other cases may need an astringent or antiseptic addition as in the various exudative and ulcerative lesions. In some bad ulcerative cases a protracted or almost continuous hot bath, with or without antiseptics, may be indicated.

All of these various watery applications have their special functions and we should consider carefully their usage before applying them.

As a general rule acute affections need sedative treatment while chronic conditions need a stimulating application. If we don't know the condition we will meet with more success by putting on some sedative, protective application to use until we can study up the exact condition and its treatment. In a very large per cent of cases this is all the treatment necessary.

Now the main preparations in local medication are: lotions, powders and salves. Modifications of these into pastes, gelatins, glyco-gelatins, etc., may serve us in special cases.

In the exudative or discharging lesions, more especially acute cases, a lotion is the best preparation to employ following it, if we see fit, by a powder or suspending the powder in the lotion. The best simple lotion as a base for "all purposes" is a mixture of lime water and some of the simple oils preferably pure olive oil but usually cottonseed or linseed oil. Some of the finer lotions contain cocoanut or neatsfoot oils. This mixture makes an emulsion which must be shaken before using. It is a protective, sedative liquid and can be altered for the different cases by adding all kinds of drugs. Usually some antiseptic is needed. Carbolic acid is the commonest and it is also anesthetic, which makes it doubly valuable. Camphor can be used for its antiseptic effect. As an astringent a small per cent of zinc sulphate, alum or lead acetate can be used. But the best base for an astringent lotion is the dilute solution of lead subacetate commonly mixed with tincture of opium and known as "lead and opium wash."

If we want to incorporate a powder in the lotion we can do so by putting in one of the fine, impalpable, insoluble protective substances such as zinc oxide or bismuth subnitrate. By shaking the lotion with these substances contained we can apply them and get a thin layer of the powder over the surface, at the same time getting the effect of the lotion.

If we do not incorporate a powder in the lotion to be used we should usually apply one following the use of that article. The character of the powder should be impalpable, adhesive, antiseptic, and, if the case demands it, antipruritic or astringent.

The best base for a dusting powder to be used in most of the cases is zinc oxide or a combination of this drug with bismuth subnitrate. They are exceedingly fine and adhere to the surface better than any other. Starch or talc can be combined with them in the proportion of equal parts of the three.

This may be all that is necessary where we want a simple protective powder. But should we need an antiseptic the addition of boric acid, aristol, iodoform or acetanilid will meet this indication as well as some others. Powdered calomel is a valuable adjunct in some affections. Powdered camphor or carbolic acid make the best antipruritic additions I know of for all purposes and make the powder antiseptic as well.

In some special cases more active anesthetics may be needed and cocaine or chloreton are the most active.

The zinc and bismuth salts are astringent in themselves, but should more active astringency be required the addition of alum, lead acetate or tannin can be made.

The most valuable property to be had with these powders is fineness and impalpability. I might also explain that in discussing these powders I refer more to those for dermatological use than to the ordinary surgical powders.

The powders need frequent use for they commonly rub off easily, especially on the clothed parts. But they are of immune value when properly prescribed and used.

The most commonly used preparation in dermatology is a salve of some variety. It is easier used and the laity expect such an application when they have a skin trouble. It is easier applied, stays longer and for an all round remedy a salve meets more indications than any other. But this excuse don't pass with us physicians. We want to study our malady and apply the best treatment at our disposal be it salve, lotion or "christian science."

There are numerous salve bases but we can usually pick out one of three or four and modify it to suit the purpose of our case.

The one I commonly use is made of vaseline (white vaseline makes a water salve) and oxide of zinc, varying the quantity of zinc salt from two to four drachms to the one half ounce of vaseline according to the consistence needed. One half of the zinc oxide can be replaced by starch or talc powder. With this as a base we can add antiseptics of various kinds, carbolic acid is a useful and inexpensive one. Here we get the valuable antipruritic action of the drug as well as the intense antiseptic effect. Boric acid is a common and useful addition in the proposition of two to four per cent.

If we want astringent action in our salve alum, lead acetate or zinc sulphate are properly added. One to three or four grains to the ounce is usually strong enough.

Certain affections demand special drugs for their treatment. In acue sulphur is valuable and can be combined with the salve base just mentioned. Scabies requires a strong sulphur preparation.

If we want a stimulating salve the addition of salicylic acid, twenty grains to the ounce, makes a good one for most cases. Or the ammoniac mercuric chloride (white precipitate) in a one half to two per cent ointment is equally as valuable.

Chrysarobin and tar have valuable indications, the former in psoriasis the latter especially in chronic eczema. They can be added to the base just mentioned. The ordinary liquid pitch can be used but some of the special tars are usually better, as oil of cade and oil of birch.

This is a simple way of getting a serviceable ointment prescription. We can add lanolin and make a softer and more absorbable preparation or white wax and increase its consistence.

We can take the old time diachylon ointment made from litharge, olive oil and water properly boiled. It makes an excellent salve and we can add all of the above mentioned articles to it.

The official zinc oxide salve is made with a lard base. It works all right in cool weather but is usually too soft for niceness in warm weather. The vaseline base is just as effective and far more permanent in form.

These are a few hints as to a salve. One could write pages on the possible combinations. We want to decide on the kind of action needed in a given case and use the proper drug to gain it—as in any rational therapeutics.

I want to mention one proprietary ointment widely used and known as resinol. I don't know what it has in it as it is a secret formula. I have been told that its main constituents are lanoline and vaseline in combination with tar, acetanilid and zinc oxide.

(Continued next month.)

CASE REPORT. NORMAL, BUT WITHOUT A WOMB.

C. P. GROVER, M. D.,

St. Joseph, Kansas.

Miss S—, 19 years of age, small, weighing about 75 pounds, very anaemic, in good health up to 14 years of age, then she complained of frequent severe headaches. She came to me because she had never had her menses or any symptoms thereof. I asked to make a digital examination and had difficulty in introducing my finger an inch, and had to stop because of the severe pain it caused her. On deep pressure above the pubes I could find no fundus of the uterus, but on pressure over the region of the ovaries I found she was very sensitive.

I told the father another examination would be necessary, so he asked for consultation. Dr. McDonald was called. Chloroform was administered and a digital examination revealed a very short vagina with no cervix or os. Upon deep pressure the finger within the vagina and the palpeting finger seemed to be merely separated by the abdominal walls, but there was no sign of the uterus, tubes or ovaries. We next made an examination per the rectum but failed to find any trace of said organs. We then tried to pass a speculum but it was too large, so used a small rectal speculum and found the vagina was a closed sac with smooth surface. There was only a trace of the labias or clitoris. There was also a total absence of hair on pubes, and she had all the external appearances of a girl 12 years of age.

I write this report not because of any good it would do the profession, but because of the very small number of times it is found. I suppose she would be classed as a monstrosity.

KANSAS STATE BOARD OF HEALTH.

The second annual conference of the State Board of Health with county and municipal health officers will be held in room 8, fourth floor, in the state house at Topeka, June 27, 1905.

PROGRAM.

First Session, 10 a. m.

Address of Welcome, Dr. D. T. Nicoll, Health Officer of Shawnee County, Topeka.

Report on Legislation, Secretary of the State Board of Health.

The New State Laboratory, Dr. S. E. Greenfield, Bacteriologist of the State Board of Health.

Disinfection, Dr. Samuel E. Reynolds, Health Officer of Clay County, Clay Center.

NOON RECESS.

1:00 p. m. Meeting of the State Board of Health in the office of the Secretary.

Second Session, 2 p. m.

Modern Sanitation:

(a) Municipal Disposal of Garbage and Refuse, Dr. C. B. Van Horn, Member Municipal Board of Health, Topeka.

(b) Rural Disposal of Garbage and Refuse, Dr. C. Granville-Egerton, Health Officer of Ness county, Ness City.

Discussion, led by Dr. W. R. Breeding, Health Officer of Marshall County, Marysville.

The Health Officer:

(a) His Legal Status, C. D. Welch, Attorney for the State Board of Health, Coffeyville.

(b) His relation to the Community, Dr. A. W. Clark, Health Officer of Douglas County, Lawrence.

(c) His Relation to the Profession, Dr. W. J. Graybill, Health Officer of Harvey County, Newton.

Discussion, led by Dr. Urban G. Iles, Health Officer of Nemaha County, Seneca.

Quarantine vs. Vaccination in the Control of Smallpox, Dr. J. B. Carver, Municipal Health Officer of Fort Scott, and Member State Board of Health.

Discussion, led by Dr. H. H. Johnson, Health Officer of Johnson County, Olathe.

Miscellaneous.

Dr. V. E. Zimmerman of Concordia died at his father's home near Jamestown on May 21 from consumption, aged 27. He graduated at Nashville in 1901.

PERSONALS.

[From Newspaper Clippings.]

Dr. Charles H. Andrews, health officer of Brown county, has received a government appointment as hospital physician in Panama. Dr. Andrews has been ordered to report at Panama at the earliest opportunity and he will soon start for Panama.

Mrs. Anna Jacobs last week won her suit in the district court of Sedgwick county against the Illinois Life Insurance Company for the payment of a policy of \$1,000 on the life of her deceased husband, Dr. Melvin Jacobs of Perth. The company resisted the payment of the policy on the ground that the insured had made false statements concerning his physical condition at the time the policy was taken out.

Dr. Theron Kinnear and bride, of Chicago, have been visiting the Doctor's parents in this city. Theron is a favorite with many in this region. Here he lived as a boy, and here he attained his manhood. From here he entered the State University where he graduated with honors. After this he took his course in the great medical University of Chicago. He is now practicing in that city and giving lectures to the classes in his Alma Mater. His folks are proud of his high character and his scholarly attainments.—Caldwell, Kansas.

Dr. Walter H. Rea, son of Dr. J. A. Rea of this city (Wellington), has selected Norwich, Kingman county, as a location for the practice of his profession. Dr. Rea graduated this spring with honors from the Barnes Medical College at St. Louis and from a term of hospital practice in Centenary hospital in the same city. He has excellent recommendations from the faculty of the college and from the surgical staff of the hospital, and is unusually well equipped for the work of a physician. During his vacation he has attended to his father's practice and has a year or more of actual practice to his credit.

Dr. J. A. Rea and Miss Kate Howe were married Sunday evening at Newkirk, O. T. The bride formerly lived at Lamont, Iowa, where her parents now reside. She is quite well known in Wellington, where she has been stopping with a relative, Mrs. Parshall, for

some time. Dr. Rea is well known as one of Wellington's prominent physicians. Dr. and Mrs Rea arrived home this morning.

Dr. Halliday and Chas. Covell have purchased a new automobile and will have it on the streets of Wellington in a few days.

The County Commissioners of Sumner county have designated Dr. F. L. Harmon to attend the meeting of the state board of health in Topeka, June 27.

Dr. G. L. Millington of Oxford was married to Miss Bertie Andrews at Wellington recently.

Dr. W. L. May of Lyons, was found dead at Eureka, Calif., May 25, from alcoholism and heart disease. He was a Jefferson (Philadelphia) graduate.

SOCIETY REPORTS.

Sumner County has issued a very attractive folder inviting us to the meeting at Wellington June 29 at 8 p. m. The following is the program: "What our president thinks of us," S. T. Shelly; "Puerperal sepsis," cause and treatment, report of cases, J. J. Sippy; Report of case of abdominal kick from horse, complicated by pneumonia early and dropsy later, F. M. Owens; Paper, George R. Waite; Medical work in the Philippines, O. M. Holliday; Report from state board of health, L. F. Harmon; Delegate's report, J. L. Halliday; "Smoker"—all present partaking, Wellington M. D's.

The **Osage County** Medical Society held a regular meeting in Osage City yesterday afternoon and while the attendance was not what we would have liked to see, yet we had a good time and the only losers were those who were not there. The subject under discussion was "Acute Intestinal Disorders." Our next meeting will be held in Osage City, August 10, at 8 p. m. There will be refreshments, and every doctor is asked to come and bring his wife or his sweetheart, or someone else's sweetheart. When we get out our invitations, we will not forget our congenial editor.

J. A. CONNOR,
Secretary.

Oklahoma—At the last meeting of the Oklahoma State Medical Association, held in Guthrie, on May 10 and 11, 1905, officers were elected as follows: Dean, C. D. Arnold, El Reno; president, R. H. Tullis, Lawton; first vice president, N. Rector, Hennessey; second vice president, C. T. White, Lamont; third vice president, R. D. Lowther, Norman; secretary-treasurer, E. O. Barker, Guthrie. Dr. J. A. Hatchett of El Reno, delegate to the A. M. A., and Dr. A. K. West of Oklahoma City and Dr. Ira B. Bartle of Carmen, alternates. Councilors—First district, W. E. Dicken, Oklahoma; second district, A. L. Blesh, Guthrie; third district, M. A. Kelso, Enid; fourth district, J. M. Bonham, Hobart; fifth district, J. H. Barnes, Jet.

The place of the next meeting was fixed at El Reno, which will take place as follows: First meeting of the house of delegates will convene at 3:30 p. m., on the second Tuesday in May 1906, and the scientific body on Wednesday and Thursday following.

It was unanimously decided, that no social function shall be allowed to interfere with the scientific sessions.

Out of the 26 counties in the territory 24 are now organized with a membership of 405. Many good papers were read and discussed.

E. O. BARKER,
Secretary.

Shawnee County Medical Society met at the National hotel parlors Monday evening June 5, the following members being present: Drs. Adams, Alkire, Barnes, Bolton, (Iola), Davis, Eastman, Greenfield, Harper, R. E. McVey, W. E. McVey, McDonough, Munn, J. E. Minney, Geo. M. Minney, Storrs and Wehe.

A deeply interesting and instructive paper was presented by Dr. B. D. Eastman, "Therapeutic Action of Chemic Salts," which was discussed at length by Dr. Alkire, W. E. McVey, Bolton, R. E. McVey.

Dr. W. A. Wehe gave an account of a medical meeting which he and Dr. Munn attended recently in New York City, and dwelt especially upon one feature of the program which struck him as adding materially to the interest of the meeting, and that was the clinical material exhibited, and the lively interest manifested by the members in examining and diagnosing the various cases presented. Dr. Wehe thought it would be a most excellent plan for us to introduce this feature into our own program, and thus be the means of stirring up a more general interest among our members. A general discussion followed, most of the members heartily endorsing Dr. Wehe's plan and suggestions.

Dr. J. E. Minney exhibited an exceedingly peculiar and inter-

esting specimen, an eye which he had but recently enucleated, which was inducing sympathetic ophthalmia of the other eye. Case was a man 47 years old, whose right eye was injured forty-three years ago, at the age of four years, from the thrust of a knife blade; sight completely lost within a few weeks, and never regained. Eyeball became shrunken, *phthisis bulbi*. Upon removal and section, a hard, calcareous mass or deposit was found in the region of the lens, in the vitreous chamber, about the size of a bean.

This makes a half dozen cases of this nature which have been operated upon by Drs. Minney & Magee during the past fifteen years, in some of the cases seemingly bone corpuscles having been found.

An effort will be made to secure some interesting clinics for next month's meeting.

FRANCES A. HARPER,
Secretary.

A CURE OF NEWSPAPER ADVERTISING.

Many methods have been adopted to limit newspaper advertising by physicians—but the practice continues. Some months since the Orleans County Medical Society adopted the method of imposing on the secretary of each society the duty of pasting in a scrap book each month all notices of the wonderful deeds of doctors appearing in the secular papers of the district, and placing the book on the president's desk at each meeting for the inspection of all. The privilege was given the members whose name appeared the chance to attach his explanation of the fact.

Since then the Fort Wayne Medical Society (Ind.), has adopted the same idea; while it is too late to be sure of results, there is every reason to believe that it must produce good.

The scrap book is to be indexed for easy reference that each may know the frequency with which he has appeared in the newspapers to the discredit of his fellow physicians.

For the convenience of those societies desiring to adopt this idea the following resolutions adopted by the Fort Wayne Academy of Medicine are quoted from *Journal A. M. A.*: "Resolved, That

copies of all articles appearing in the daily press of this city relating to regular physicians of this city shall be placed in a scrap book that shall be kept on the secretary's desk for the inspection of members.

"All articles appearing between meetings of this society shall be read at each meeting, and any member whose name shall appear therein will have the privilege of attaching thereto a written explanation. The book shall be indexed."—*Michigan State Journal*.

A NOTE ON MERCURY.

Editor Medical World:—I find the biniodid, properly administered, to be an excellent form of mercury from which to secure the truest therapeutic effect of this mineral in the early treatment of acute affections. The alimentary canal should first be cleared unless already comparatively clear and in a favorable condition for absorption, by a dose or two of compound licorice powder or similar laxativ. If the laxativ cannot be retained on account of gastric irritability, its administration should be preceded by a high salt water enema and the biniodid given at once, following the desired effect of carthartic measures, in doses of about 1-200 grain, for an adult, every half hour until six doses have been taken.

In two to four hours after giving the first dose symptoms of general relief from the intensity of digestiv, vascular and nerve disturbance can be noted. and the patient is properly ready for successive change of medication, suitable to the special disease-type, unless it be some transient disorder, requiring no further medicinal treatment.

Even more pronounced relief often follows the administration of a grain or more of calomel in broken doses, followed by a saline laxativ, instead of a biniodid; but a careful noting of objectiv and subjectiv symptoms will reveal the fact that the patient has obtained relief at the expense of physiological reactive power.

From the calomel we expect a three-fold effect: that of an antiseptic purge, a hepatic stimulant, and a so-called alterativ effect upon the body tissues in general. From the biniodid, according to

rational estimate of clinical results and late pharmacological authority, we get the electrifying and oxygenating influences of its presence in the circulation, inducing healthier cell activity and a more physiologically antitoxic effect within the general organism and the liver in particular.

Under this should be included the so-called alterativ effect of calomel or any form of mercury and, in the light of present day information in this, the opportune age for synthetic medication, should be considered all-sufficient for the therapeutics of mercury.

Richland, Kansas.

C. M. SMITH, M. D.

[From the *Medical World* for June 1905.]

A. M. A. The following Kansans have joined the American Medical Association since our last issue: G. R. Rice, Plainville; E. A. Bodenhamer, Frederick; C. M. Bertholf, Cherokee; E. C. Duncan, Fredonia; J. W. Graham, Wetmore; Hector Morrison, Womer; F. M. Watkins, Wetmore.

Kansas Medical College.—We have received the Washburn College Bulletin, Vol. V, No. 1, which contains the announcements for the medical department for the coming year. The course of study has been changed to conform to that adopted by the Association of American Medical Colleges at its last meeting. The faculty has been increased by the addition of Dr. Outland as lecturer on gynecology, Dr. Reynolds lecturer on the eye and ear, and some clinical assistants. Medical education is a very expensive matter now-a-days and only well endowed institutions can keep up to the standard; and we congratulate our Topeka brethren on their bright prospects.

Next month the JOURNAL will publish special work on nervous and mental diseases. The papers from the Wichita meeting will form the basis of the contribution.

THE USE OF PARAFFIN IN THE CORRECTION OF DEFORMITIES OF THE NOSE.*

HAL FOSTER, A. B., M. D.

Kansas City, Missouri.

Professor of Rhinology and Laryngology in the University of Kansas.

Dr. Lewis J. Corning of New York City, was the first physician in the world to use paraffin as a therapeutic agent. In December 1891, he published his paper on the use of solidifying oils by subcutaneous injections into the tissues for mechanical purposes. (See *N. Y. Medical Record*, December 1891). When I saw Corning's article, I thought it might be of much use when better understood.

Dr. Gersuny of Vienna, November 25, 1900, used paraffin in a saddle-back nose. His article was published in November 1901; thus all credit for first using the drug in rhinology belongs to Dr. Gersuny. Dr. Heath of St. Paul, Minn., used the drug in January 1902. Dr. Harmon Smith of New York in February 1902. The writer read Dr. Heath's article and used paraffin on a young man from Platt county, March 19, 1902. This was a case of saddle-back nose from lues. I used cocaine anesthesia, the patient would not remain quiet. I used two teaspoonsful of hard paraffin and white vaseline mixed, boiling at a very high temperature. About the time I had finished the operation, my friend and neighbor, Dr. J. W. Perkins, called in and I showed him the result, which was perfect.

On May 20, 1902, I reported this case at the St. Joseph meeting of the Missouri State Medical Association.

From May 1902 to May 1903, I used paraffin in about six other cases. In May 1903, I reported the results of these cases to the Missouri State Society at Excelsior Springs. This report was published in the June issue of the *N. Y. Medical Record*. In October 1903, I published a report of another case in the *N. Y. Medical Journal*.

Many cases have been reported since then by different rhinologists for correction of sunken-in or saddle-back noses, throughout the world. Quite a number of American rhinologists have reported most excellent results from its use in correcting nasal deformities.

Paraffin is a hydrocarbon, a coal tar product; is colorless, odorless, nox-toxic and non-absorbable. The boiling point of the hard

*Read before the Jackson County Medical Society.

variety is about 150 °F. The best variety for our use is pure paraffin without any other mixture. Of course it should be sterile. Its melting point is 110 °F.

Accidents have happened in its use. Dr. Hurd, a New York oculist, met with a serious accident while using hard paraffin, which boiled at 150. His patient's eye-sight was permanently destroyed. His paraffin was in a liquid state. This is the only accident of the kind on record. Campbell, of Chicago, reports several cases of abscess of the nose as a result of paraffin injections. Boyd of Colorado, reports several cases of extensive sloughing, following its use. These accidents all seemed to have been caused in the early use of the drug and might have been due to faulty technique. Namely, having the paraffin too hot and injecting in a liquid state. The possibility of oil embolism of the lungs has not been lost sight of; although so far no serious cases have been reported. It seems that there would be about the same danger with the calomel injections in vaseline for specific diseases.

All new drugs have to run through a gauntlet of hostile tests and criticism, so with the subcutaneous injections of paraffin, accidents have been recorded where the soft tissues of the upper and lower lids and the forehead were filled during the injections with liquid paraffin. These accidents occurred only where the operators used the common piston syringe and the drug was too hot and used in a liquid state. The syringe should be controlled by a screw piston and then the paraffin can be easily forced through the needle in a semi-solid form, in as large or small quantity as the operator may elect. An intelligent assistant should exert firm pressure above the tissues injected, which, as you will see, will prevent the drug from entering the nasal ducts or soft tissues of the orbit. The operator should use every precaution against uncleanness. The paraffin needle and syringe should be boiled. The paraffin is allowed to become semi-solid in the syringe. The hands of the operator and assistants should be made as clean as possible. Surgical cleanliness should be observed. The field of operation should be scrubbed with green soap and water and wiped with alcohol or ether. I prefer to pour the paraffin direct from the test tube into the syringe, the needle and syringe having been thoroughly boiled; the paraffin is then allowed to remain in the syringe until it forms a semi-solid, and is cool enough not to burn the operator's hands. One should be exceedingly careful not to inject too much at one time. It is much better for the patient to have several operations, than too much at one time. When paraffin was first

used, it was thought that once in the tissues it could never be removed; that is a mistake, while it can be removed from the nose, it takes a special operation, namely of opening the nose at the site of the injection and curretting it out. Such a procedure is always embarrassing and annoying both to the patient and physician. I prefer general anesthesia. The skin is punctured at the beginning of the depression. It is first elevated by the left hand of the operator, while with the right he inserts the needle. The assistant should press firmly over the internal canthus of each eye, to prevent the paraffin from interfering with the nasal ducts. I now turn the screw piston slowly and carefully in order that too much of the drug may not be injected. The paraffin being in a semi-solid state



turns the nose to a whitish color as it enters (but this remains for a few moments only); it is moulded while it is being forced into the subcutaneous tissues. In most cases I correct the deformity at the first injection; but some cases will require two or more. The needle should be withdrawn slowly. The paraffin hardens very rapidly,—a spray of ether will hasten the hardening process. The needle wound is healed with collodion. Cold applications should be applied for a few hours only, because they are very grateful to these patients. Sometimes the site of the injection remains red. As a rule ichthyol applied to the nose removes the redness in a few days. Sloughs are very apt to occur in diabetic and nephritic patients. It is my opinion that such patients should not be subjected to the injection of paraffin.

Alcoholics, gouty and syphilitic patients are not the best subjects

for paraffin injection and should always be treated constitutionally before undergoing the operation, in order that sloughing or abscess of the nose may not occur.

Dr. Pfannestiel (See *Centralblatt* for 1905) reports a case of pulmonary embolism, where the patient, a woman, suffered for a week with dyspnoea and cyanosis, but made a good recovery.

Dr. Hurd had embolism of central artery of the retina, causing blindness. This case has been a puzzle, —how the drug could get from the systemic vein into the central artery of the retina, without being caught in the capillaries of the pulmonary circulation. The needle might have entered a vein and thus have caused the trouble.

The paraffin becomes encapsulated in the tissues. Occasionally one will see six or eight months after the injection, a slight shrinkage. This should not cause disappointment to the patient or physician, as a new small injection can be made with very little inconvenience, usually with perfect results.

The risk of accident in saddle-back nose from any cause, is very small when the paraffin is allowed to cool in the syringe and then forced into the tissues in the form of a thread.

Paraffin is indicated in sunken-in noses from any cause, such as perichondritis. It is now nearly three years since the writer used the drug and the results are still good. Some of my cases have been at St. Margaret's hospital, several at my office. In all of the cases the operation has been successfully done and the ugly deformity corrected, which gave great joy to the patients and much satisfaction to myself.

Dr. Gersuny's patient went through a long attack of typhoid fever and the paraffin remained in perfect position, thus showing that the high temperature had no ill effect on it. Nasal deformities are always unsightly and cause these patients a great deal of mortification. But in paraffin we have a drug when properly and judiciously used, not only remains encapsulated, but becomes a part of the tissues. These patients will appreciate very highly our efforts to correct these unsightly deformities, which relieves them as objects of morbid curiosity from the passing throng.

I am quite sure with great care and attention to detail, the paraffin injection is limited only as the field of surgery is limited. I feel convinced that whether the tissues are soft or hard, congenitally or otherwise, paraffin is indicated.

I have consulted articles by Drs. Stern and Meyer of Berlin, Dr. Gersuny of Vienna, Dr. Eckstein of Paris, Drs. Smith and Douglas of New York, Drs. Parker and Campbell of Chicago, Dr. Boyd of Colorado, Dr. Murphy of Cincinnati, Drs. Grant, Dowie, Paget and Splicer of London.

I wish to take the opportunity to thank Drs. Alfred and Arthur O'Donnell, Seitz, Owens and Barney, for valuable assistance rendered in my work at St. Margaret's hospital, while operating on these cases.

The illustrations show the condition of the nose before and after the correction of the deformity, in one of my cases.

A CASE OF DETACHED RETINA.*

G. W. MASER, M. D.,

Parsons, Kansas.

In April, 1902, I had the privilege of presenting a paper on the subject of Detached Retina, to the Labette Medical Society, and in this paper reported a case that I had treated surgically, the result of the operation being restoration of useful vision. At that time it was uncertain whether or not the vision would remain good, or would gradually be lost, from a recurrence of the detachment or a loss of function in the retina at the point of detachment. I am glad to be able to report that the sight has remained good. I saw the person recently and he reports the sight as good in the eye operated upon as in the fellow eye. After a somewhat careful search in the literature on this subject, I failed to find a single case of cure by operation for detachment of the retina, and this is my excuse for again reporting this case. The report made at that time is as follows: In 1900 while attending the clinic of Mr. Lang in the Royal Ophthalmic Hospital in London, I saw an operation for the removal of the serum and reattachment of the retina to the choroid. One other similar operation had been made a week before by the same operator. This operation was in the nature of an experiment, at the same time, was not exposing the patient to any risk, because he was already practically blind, and no other plan of treatment offered any chance of success. The result of the above cases I am not able to report, on account of the limited time I had of observing them.

The operation in brief was to create a ragged wound in the retina, at the same time to evacuate the serum which holds the retina away from the choroid. A triangular flap is made in the conjunctiva over the sight of the detachment, at a point between the attachment of the recti muscles. A Von Graefe knife is now used to make the puncture in the sclera, choroid and retina. When well into the posterior chamber the knife is turned, and a cut is made at right angles to the cut in the sclera, *in the retina only*. This latter seems to be the cut peculiar to this operation. The idea is to excite just the right amount of inflammation to reunite the two surfaces. The conjunctiva wound is closed by a suture, and the patient is kept quietly in bed for a week, with the eye bandaged.

The following is the history of my case as given at that time:

*Read before the Kansas Medical Society at Wichita, May, 1905.

Mr. Gerald Miles, aged 25, of Coffeyville, Kansas, had been sick for two months in Colorado, with what was called mountain fever, but was convalescent on August 15, 1901. He went to bed August 30th, with nothing wrong with his eyes, and the next morning when he arose, found he could not see with the right eye. On September 13th he was sent to me by Dr. Hall of Coffeyville, Kansas. Examination showed a detachment of the retina at the lower part, covering about one third of the entire field. The vision was reduced to one two-hundredth, and practically, the eye was blind. September 14th the operation was made, with Doctors Kleiser and Hall assisting. The diagnosis was verified by ophthalmoscopic examination, by both these gentlemen. The result of the operation has been almost perfect restoration of sight, his vision on December 12, 1901, being 20-30. Examination by the ophthalmoscope at this time, showed a reunited retina, with no marks to show where the detachment had been.

The operation was made after observing the one made by Dr. Lang, to whom the credit is due. It would seem that a new and useful method of curing this condition has been found in this operation, or, more properly speaking, a new way to do an old operation for operations by puncturing the tunics of the eye, as well as the use of setons, have been tried for many years, but with no permanently good results. Cases have been reported in which there has been some improvement in vision, but it has lasted but a short time, when the sight has been lost, by the retina again becoming detached or its function destroyed.

The good result obtained in my case was probably due to an early operation, while the retina still retained its function. To wait until other means of treatment had failed, as some authors have advocated, would be to risk the loss of function, after which there would be nothing gained by operation, even though a reattachment could be effected.

Galezowski reports the treatment of the greatest number of cases, 789 in all, by means of cupping, setons, vesicants, leeches and by the use of diaphoretics, with pressure bandages on the eye, but with very little encouragement to follow this means of treatment. He stated in 1887 that, by these means he had cured but seven, and of these only two had restored function, while in five the retina had simply become readapted. Von Graefe reports having done a discision operation on fifty cases, but had no lasting benefit in a single case. Fox, on "Diseases of the eye," reports no cure by any method of treatment. Norris and Oliver report no cures by opera-

tion, but do report two cases cured by medical treatment. Noyes does not report any special benefit from puncturing, neither is there a report of a single cure by operation in either Juler's or Mitten-dorf's works on the eye. Roosa reports improvement in some cases by operation, but recommends operation only after other treatment has failed, which would seem to be unnecessary, as the retina would probably have lost its function by that time. De Schweinitz reports no cases cured by operation, but that in some cases there was spontaneous reattachment. Charles H. May says we may have temporary improvement by puncturing the schlera. Nettleship does not report a case cured by operation, but says some cases are benefited temporarily.

These reports could be continued but with the same results. There are no cases reported cured. All the operations described are a simple puncture, slightly turning the knife to allow the serum to escape.

Mr. Lang's operation divides the retina as near as possible, at a right angle to the first cut, making a larger wound and an increase in the amount of inflammation, which would be more likely to cause the retina to become more adherent and more permanent.

The reports of cases cured by treatment are so few that some other method ought to be employed; and if this one case is any criterion, then the operation should be made, and made before the retina has lost its function.

WHAT EVERY DOCTOR OUGHT TO KNOW ABOUT EYES.*

J. R. SCOTT, M. D.,
Garnett, Kansas.

As I shall treat this subject it will not greatly interest specialists. The lack of precise detail will forestall any claim to its being a scientific production. It is not the intention of the speaker to especially interest oculists, nor to deliver a scientific treatise on the eye and its diseases. He is a general practitioner and the object of

Read before the Kansas Medical Society at Wichita, May, 1905.

his paper is to indicate some of the things every physician should know about eyes.

Every doctor in general practice should have a room fitted up where the eye, ear, nose and throat can be examined by reflected light. He should have an ophthalmoscope and should examine the retina of his patients until he is as familiar with its normal appearance as with that of the tongue. Any physician would dislike to admit that he did not possess a fair knowledge of form, function and pathology of the heart, stomach, or lungs, yet he will readily acknowledge that he knows nothing about the eye. When one considers that the eye is oftener abnormal than any other organ of the body, this admission of ignorance is very hard to understand. To many of the profession, the mechanism employed in the exercise of the function of sight, and any departure from the perfect type is a mystery. How often have we known a diagnosis of granulated lids to be made, when, in fact, the trouble was catarrhal conjunctivitis. Surely the difference in these two diseases should be apparent enough. Nevertheless, there are practitioners to whom the entire pathology of the eye is summed up in weak eyes, granulated lids, cataract and paralysis. A simple test with Snellen's types is beyond their ken, and to express the results of their test in the proper equation is an impossibility. The ophthalmoscope will often give valuable information in a suspected case of Bright's disease; it will tell something of the condition of the circulation in the brain by observing the appearance of the retinal vessels; give certain information in many cases of failure of vision, and aid in the diagnosis of opacities in the different media.

The pin hole disc aids greatly in determining whether failure of vision is of the central or peripheral origin. In refractive errors the disc usually *raises* the vision, on the other hand, in opacities or nerve troubles the visual acuteness is lowered. Cases of Hyperopia with ciliary spasm are often mistaken for myopia, as are cases of astigmatism, from the fact that the object is held close to the eye, for sharper definition. Serious and irreparable damage has been done to a child by the light and airy way in which a case of this nature has been disposed of by a physician under the indeterminate diagnosis of "weak eyes." Many an individual has gone through life a myope, because a case of ciliary spasm has gone undetected. A leak of nervous energy has been disregarded and suffering untold has been endured by Susie or Kate or Jim or Tom.

In some instances enough nervous force is wasted in this way to materially retard the growth and health. I have seen anaemic

girls grow plump and rosy by correction of the eye defects. Stupid Tom and backward Jim have climbed to the head of their classes with the proper lenses before their eyes. Headaches have been stopped, dyspepsia relieved, and nervous wrecks restored to health by conserving the nervous energy wasted by eye strain. Glasses stopped the leak.

Not every doctor cares to be a refractionist, but every one ought to know enough about the subject to send his patients to an expert with an intelligent statement of the findings expressed in the proper terms. To relax the ciliary strain by fogging requires no more skill or expensive apparatus than is necessary to examine nose or throat. A pair of three diopetre convex lenses and a frame to hold them before the eyes, a Snellen type card and an astigmatic dial plus a little time and patience, will usually be sufficient. The kind of error ought to be ascertained in nearly every case, the degree only should be left for the expert to determine. There is another reason why a physician should have a practical knowledge of refraction, and that is, so that he may know enough not to refer his clients to the optical mountebank or ignoramus to be refracted. I do not wish to decry opticians generally, there are good men among them, but all are not what they seem. A president of a State Optical Society graduated in thirty days, and from a good school. Indeed thirty days is a long time to study for an optical diploma, as many are graduated after only ten or twelve days' study. Plenty of them are graduated and never miss a day from their jewellers' bench. A certain business man went into the optical business without previous training. In a short time he wrote a pamphlet on the eye and its care that read very much as if it had been cribbed from Nettleship. Another advertises his ability to cure eye troubles by a wonderful discovery of his "blue glass lenses." His object seems to be the disposal of lenses at fancy prices. Yet another claims to have made a remarkable discovery by which he is able to measure the nerve of the eye, but just what that will do for his patient he does not disclose. It is easy to see what he expects it will do for himself. An optician in Kansas to whom several otherwise intelligent physicians refer patients, states in a pension affidavit that he is a graduate and has practiced his profession eight years. His findings as recorded in the affidavit are this rather indefinite equation: "Right eye, no sight—Left very poor." The pension attorney was wise enough not to forward the affidavit. These men are all in good standing in their respective state societies.

Many opticians are hard workers, seekers after knowledge,

good refractionists, and are honestly striving to make their calling a profession. Many more, however, are simply spectacle peddlers in disguise. There are oculists, too, that are so in name only and there are competent oculists who are poor refractionists.

Eye-strain is a constant source of nerve waste and should be looked for in every case of impaired health where the cause is at all obscure. Especially is this true where there are signs of neurasthenia. Strabismus is usually to be traced to defects of the accommodation and can frequently be relieved by glasses alone. Styes, recurrent conjunctivitis, chalazion, blepharitis, blepharospasm, and the turning of the head to one side, are some of the common signs of defective accommodation. Headache, neuralgias about the head, gastralgia, pain in the neck, spasm of the glottis and a varied list of reflex disturbances are not rare and often yield to accurately fitted lenses. Taking the above facts into consideration, other things being equal, of two refractionists, he who knows the most about the human body is the better.

Much has been written, and much more could be said about eye strain, but if this brief paper should lead any general practitioner to solve some of the problems which have mystified and disheartened him heretofore, it will have accomplished its purpose.

What a physician can do and ought, what he ought to have, and recommend is briefly stated: He ought to have an ophthalmoscope and be familiar with its findings. A Snellen type card, an astigmatic dial, fogging lenses, pin-hole disc, a double prism, to test the muscular balance, and a working knowledge that will enable him to express the results of his work in technical terms. He should possess a practical knowledge of the science of optics and be so grounded in the principles of accommodation and the difficulties engendered thereby, such as malformations of cornea and lens, that he can send his patients to the specialist with an intelligent and concise history and a clear record of his own investigations. Such knowledge and preliminary testing will not only heighten the patient's respect for his physician's ability, but gain a higher plane for the latter in the profession and enable him to keep his patient out of the hands of the ignorant, presuming optician, or self-styled oculist.

DISCUSSION OF THE PAPERS BY DRS. MASER AND SCOTT.

DR. MAGEE—The papers have been so clear and plain as to call for very little discussion on my part. A few words, however, on detachment of the retina. It makes considerable difference what

you have behind the retina. If fluids are behind the puncture, then it might be available, but otherwise it would be a useless and dangerous proceeding. The doctor certainly deserves congratulations on the result of his operation. Detachments are caused from three things, extravation of fluids, hemorrhages, and cysticercus. In the last named condition puncture would do no good. There are some dangers to be considered in puncture; for instance, infections, thus running a chance of losing the eyeball. Another danger is—contraction and pressure upon the ciliary nerves, with possible sympathetic ophthalmia; however, not many such occur. The second danger noted, contraction and pressure upon ciliary nerves with possible sympathetic ophthalmia, may be produced by trauma many times, with impairment of vessel walls, from which fluids leak out. Puncture is no great help in these cases, and the number of cases cured is exceedingly limited. I question very much whether the results obtained in puncture justify one in subjecting the patient to the risk of losing what vision he now has, and possibly of losing the eyeball. If the retina has lost its integrity, this loss is usually permanent as to function, and it is very questionable whether it would re-unite, even if brought back to its original site. Another point which the doctor neglected to mention is, that the fluid does not always run out when the retina is punctured, and one will have to make pressure on the eyeball; and in making this pressure one is very liable to dislocate the lens, or produce some other trouble on the inside of the eye.

As to Dr. Scott's paper, I heartily endorse most that has been said. Some of the things that the general practitioner should be familiar with are eyestrain, headache, and fundus examination with the ophthalmoscope. The time is coming, and is now here, when the general practitioner uses the ophthalmoscope to assist in his diagnosis of various systemic conditions outside of the eye, and it requires very little practice to become expert enough in its use to make it a very material help in diagnosis. Many cases of kidney trouble are made plain by it; the diabetic changes in the fundus, the attenuated retinal arteries of tabes, are plainly revealed and easily recognized. A recognition of paralysis of the ocular muscles should be familiar to all. The correct diagnosis of trachoma or granular lids is a very important point, and especially with those who have anything to do with employment service. We see the result of this deficient knowledge on the part of those who have charge of public works, in the employment of men, who, after having been employed for a month or two, are put into the hospital, perhaps for a year. Expensive men to hire, are these. Whereas, if these cases had been examined and their condition properly diagnosed before being employed, no such loss need to have occurred. In addition to the other paraphernalia in our offices should be the test card, because we are called upon almost daily for life insurance or civil service examinations: and in making these tests, don't make the mistake of letting the patient read with both eyes open. Cover one eye. Vision may be very defective in one eye, and he totally unaware of the

fact, so the only way is to cover one eye, examining each separately, and thus determine the correct condition of each. These are things which the general practitioner may be called upon at any time to do, and should be called upon at any time to do, and he should be able to do them.

DR. ALKIRE—I can heartily agree with Dr. Magee in his appreciation of these most excellent papers. I think, concerning the first one, the detachment case shows an unusual result. It is quite certain that operative measures for this condition have been unsuccessful, and for reasons which have in part been pointed out by Dr. Magee, namely, the real pathological changes which we find in these eyes. I think we should look to treatment of conditions existing prior to detachment of retina, if we desire to do the most good and attain the best results; and for that reason would like to call attention to some of the causes of detachment of the retina. We very often find that high degrees of myopia exist in these cases, and that they will be very materially improved by the wearing of a correcting glass. These clinical facts I would like every doctor to bear in mind to the extent that he would look into the refractive condition of every eye threatened with detachment of retina. Another common cause, and probably much more common than the preceding one, is inflammation in the uveal tract; namely, iritis, cyclitis, and choroiditis. These inflammatory conditions are very frequently causes predisposing to detachment of the retina, and, of course, necessarily precede it; therefore, we should be careful in the treatment of these cases, in order that we may avoid any condition which may cause detachment of the retina. In the few cases of retinal detachment which I have seen, most of them were incomplete,—that is to say, only parts of the retina were detached. And in all those cases which I have kept under observation, the detached portion remained detached. One fortunate condition which I have observed is that in some of these incomplete cases of retinal detachment, it does not seem to be a progressive condition.

If you will recall the anatomy of the retina, you will remember that its most fixed point of attachment is at the optic nerve and ora serrata; in the rest of its extent it is not very firmly fixed to the choroid, but is held in place by the pressure of the vitreous from within; therefore, I cannot very well understand how we will be able to get that right amount of fibrous exudate following operation, which will pull the retina up into place and hold it there. It has been my experience that if there is much exudate in the retina it entirely destroys the function of that part of the eye. So in these cases we should look more to the preservation of the eye as a cosmetic organ, rather than one of function.

Concerning the paper by Dr. Scott,—I look upon that as a most valuable paper for several reasons. Young men going out from our medical colleges with their knowledge of anatomy, oftentimes forget the fact, when they get into practice, that the eye is an organ properly belonging to the body, and, like all other organs of the body, is

subject to any of the diseases which we find occurring in other organs; and too often they are inclined to send these cases to some optician for examination and treatment, perhaps some man who knows nothing at all concerning the various structures entering into the formation of the eye. If we would profit by the discussion brought out this morning concerning the influence of the nervous system on the various parts of the body, and remember that no organ of the body is so richly supplied with nerves as the eye, we could readily appreciate the very important part which diseases of the nervous system will have upon the eye, and we certainly can appreciate the importance of the relation of eye diseases to nervous disorders. I certainly would suggest that every physician who heard the doctor's paper might prepare himself as the doctor has indicated. Every physician should be able to understand something of errors of refraction. This the oculist looks upon as a very important part of his work. Some of the most intricate troubles we have are problems of refraction, not so intricate, however, but that every physician should know something about them, have some idea as to what should be done for them. Any condition of imbalance in the so-called muscular apparatus, I believe every practitioner should be familiar with to the extent of knowing whether or not this imbalance exists. If he is able to determine this condition and recognize the effects this condition may have on his patient, he will be able to satisfactorily explain away many of the otherwise obscure conditions of the human body.

DR. ESTERLY thought that the general practitioner should be very chary about the promiscuous use of mydriatics, and that the proper treatment of the various inflammations, refractive errors, etc., required a very definite knowledge of existing conditions in order to attain the best results.

DR. HAYES—"There is nothing that succeeds like success," and for that reason I am very glad to have heard Dr. Maser's paper, but I do not believe it will ever be a very popular operation. In regard to Dr. Scott's paper, I will say, *Don't do it!* It is a very dangerous thing to attempt to treat the eye with a half knowledge of it, it takes an expert to do it. Unless you understand the eye thoroughly, you better do very little with it. The less you do with it the better, unless you expect to become a specialist.

DR. CHAMBERS thought that a doctor ought to be able to recognize and gauge his own limitations, and when he had reached his limit, he should not hesitate to call upon somebody to assist him.

DR. LATTA thought that the general practitioner should not try to make himself a specialist on everything, but that he would exercise better judgment in turning over cases to the proper specialist, when such services were indicated.

DR. BOLTON said that if we listened to the specialist on the eye, on the ear, on the nose, on the throat, on the lungs, etc., we would

send all our cases to them; then the surgeon comes in for his share, and wants us to send all our surgical work to him, so it is pretty hard to tell where the general practitioner comes in for his share. He said that he thought that the general practitioner should be a *general practitioner*, and should be prepared to treat diseases of special organs, as well as general diseases of special organs, as well as general diseases.

DR. JARRETT thought that "a little learning is a dangerous thing," and especially so with respect to the eye. That the general practitioner owed it to his patients, as well as to himself, to be able to intelligently distinguish between a condition requiring expert treatment of a specialist if indicated. The unintelligent use of mydriatics is a dangerous proceeding. He did not think that the general practitioner should have anything to do with "fogging eyes," as unless he understood this thoroughly, he was about as apt to do the wrong thing as the right one.

DR. FULLENHEIMER laid special stress upon the importance of being able to differentiate between glaucoma and iritis; that the general practitioner should be able to do this, thus insuring prompt treatment, and the saving of many cases of blindness which might otherwise result.

DR. DAVIS protested strongly against the growing doctrine that the general practitioner should know nothing about the so-called "specialties," and especially the eye; that it was no more difficult to treat the eye than the stomach, the liver, the lungs, and the deeper organs which were hidden deeply from observation.

ECLAMPSIA.

M. A. FINLEY, M. D.,
Cherryvale, Kansas.

(Continued from last month.)

Case 2. A young woman with all the predisposing causes, whose husband I had advised to marry her eight months before her delivery, because I knew she was in trouble, had two convulsions after delivery; and I was told by her attending physician, that they came on during the first visit of her mother, who was a very pious old lady, and no doubt her presence made no little mental excitement for the girl, because she knew she had gone only eight months from her marriage, and so of course, did her mother.

Case 3. In this case the usual predisposing causes were found, together with a frightful temper, and in consultation with her attending physician, I was informed that he had made her very mad just prior to her first convulsion, and I take this as the exciting mental cause.

Case 4. Prima-para blonde, but rather slim faced, no albumen in urine, but had malaria for two months before delivery; had aborted twice previous to this, one at two months and the other at four. She was of a quiet temperament usually, but had worried a great deal during her pregnancy for fear of a miscarriage. Her family objected to her taking chloroform, and her pains were very hard. Just as the head was well engaged in the inferior straight she became solicitous for her child for fear such hard pains would kill it. I tried to quiet her, but before I could persuade the family to let me give her chloroform or could give her chloral she had convulsion. I gave her chloroform, delivered the baby with forceps and gave her ten grains of chloral. She went from her first convulsion into sleep and lay quiet for three hours; she awakened to go directly into another light convulsion, but was conscious in a few minutes after that, and immediately upon finding out the baby was born and all right, she cleared up on one small dose of bromides, and showed no signs of further trouble.

Case 5. This woman exhibited no peculiar traits during her delivery, stood her labor very well, but frequently gave expression that she wished she could have gone to full term, and asked me if I thought baby would live. I knew they had only been married about eight months and informed her that I thought baby would be all right, dismissed her fears, and also took her mind from the subject as soon as possible. Her labor was comparatively easy for the first and everything went along nicely until her mother came from the country about thirty-four hours after delivery. She told the girl; when they were alone, that baby was full term and began to express her surprise and lay down the law to her. The husband came in and found the wife in tears, and soon noticed that she was acting peculiarly, and before I could arrive to answer a summons by 'phone, she had a convulsion and others followed. Her mother's presence was sufficient to throw her into a spasm, but was finally controlled.

This case did more to convince me, that even with all the predisposing causes, we might never have eclampsia if we can control the surroundings and hygiene of our patients, and prevent the emotional or mental strain, which I think is usually the last straw on the camel's back.

King, of Columbia, says the extreme tension of the nervous system makes the patient very easily agitated, and the least little thing may cause a convulsion. Violent emotion, indigestible food, fecal accumulation, distended bladder, any one of which might be sufficient to induce convulsions.

So Gentlemen, while we do not as yet understand the predisposing causes of this trouble, and cannot tell why one woman with no albumen in the urine will have convulsions, and another with the urine loaded with albumen, legs swollen and oedematous, face puffed and every indication favorable, will pass through without the least disturbance. Yet, I do think we, as general practitioners can do much toward lessening the number of such cases by studying the emotional and mental conditions of our patients. We ought, of course, to surround our pregnant women with the very best hygienic conditions possible, relieve them of all anxiety, and never satisfy ourselves until we know if there is any great mental or emotional strain on their nervous system, and if there is, we should place every safeguard around her to prevent unwise mothers and imprudent friends, as well as curious outsiders, from hurling their ungrateful remarks at her when her nervous system is at its very highest tension, and the new duties of motherhood are weighing so heavily upon her.

IMPORTANT,—IF TRUE.

(From *The Medical Standard* for June.)

Kansas.—Dr. Gage has been recommended by the Reno County Medical Society for appointment on the state board of medical examiners.

At a meeting of the Mitchell County Medical Society Dr. Brewer read a paper on the "Diagnosis and Treatment of Acute Cystitis."

Ottawa District Medical Society discussed the subject of Cholera Infantum.

At the meeting of the Harvey County Medical Association Dr. S. S. Haury read a paper on Infantile Scurvy and Dr. Axtell one on the Scientific Basis of Medicine.

Professor Bailey read a paper on the Therapeutic Action of Mineral Water at the Douglas County Medical Society.

At the meeting of the Dickinson County Medical Society Dr. D. E. Easterly of Topeka presented a paper on Ophthalmia.

The following officers were elected by the Kansas Medical Society: President, C. E. Bowers, Wichita; Vice-Presidents, H. R. Ross of Sterling, J. D. Riddell of Enterprise, S. S. Glasscock of Kansas City, Kansas.; Secretary, C. S. Huffman, Columbus; Treasurer, L. H. Munn, Topeka.

The Mennonites are to have a fine new hospital at Newton.

The movement for a new detention hospital at Topeka has failed of its object.

The addition to Mercy Hospital, Fort Scott, is now ready for occupancy.

Kansas State Hospital Training School for Nurses held its second annual commencement May 9.—From *The Medical Standard* for June, 1905.

The School of Medicine of the University of Kansas will have two executive officers or deans. Dr. George Howard Hoxie will be the dean of the clinical department at Kansas City, while the dean of the scientific department at Lawrence has not yet been appointed. Dr. Samuel C. Emley now of Wichita, has been elected professor of general pathology to work at Lawrence, and Dr. Frank J. Hall, the professor of clinical pathology at Kansas City.

The City Hospital—The rival school (in Kansas City) to the new school of medicine of our State University, the "University" Medical College, has fathered a movement to prevent the instructors in the new school from holding clinics in the city hospital. The campaign was begun by securing the election of one of their faculty to the position of city physician. The commercial club has refused to interfere in the matter and the city council is deliberating whether or not the city physician shall be directed to permit the University of Kansas to hold such clinics. Of course the University of Kansas will finally win out but it is unpleasant to have their neighbors so bitterly hostile. One would be justified in calling it an evidence of weakness.

HEALTH REPORT FOR MAY.

SMALLPOX.

County.	Cases.	Deaths.	County.	Cases.	Deaths.
Allen.....	6	0	Neosho.....	4	0
Anderson.....	1	0	Norton.....	60	0
Atchison.....	3	0	Osage.....	2	0
Barton.....	1	0	Osborne.....	5	0
Bourbon.....	6	0	Ottawa.....	5	0
Brown.....	10	0	Phillips.....	1	0
Butler.....	6	0	Pottawatomie.....	3	0
Cherokee.....	9	0	Reno.....	7	0
Cloud.....	5	0	Republic.....	1	0
Coffey.....	8	0	Riley.....	10	0
Crawford.....	47	1	Rooks.....	1	0
Doniphan.....	1	0	Russell.....	4	0
Douglas.....	16	0	Salina.....	4	0
Ellis.....	4	0	Sedgwick.....	10	0
Ellsworth.....	5	0	Sheridan.....	2	0
Geary.....	17	0	Sumner.....	1	0
Graham.....	20	0	Trego.....	2	0
Greenwood.....	2	0	Wabaunsee.....	45	0
Harper.....	1	0	Washington.....	4	0
Harvey.....	4	0	Wyandotte.....	17	0
Jefferson.....	6	1	Leavenworth.....	2	0
Johnson.....	5	0	Topeka.....	10	0
Leavenworth.....	2	0			
Logan.....	6	0	Total.....	448	2
Lyon.....	17	0			
Marion.....	10	0	Reported for		
McPherson.....	2	0	January.....	713	2
Mitchell.....	3	0	February.....	689	4
Montgomery.....	21	0	March.....	1123	5
Morris.....	4	0	April.....	595	5

SCARLET FEVER.

Allen.....	1	0	Republic.....	5	0
Brown.....	4	0	Rice.....	1	0
Chautauqua.....	2	0	Riley.....	7	0
Decatur.....	1	0	Sedgwick.....	1	0
Dickinson.....	4	2	Sumner.....	1	0
Greenwood.....	2	0	Washington.....	1	0
Jefferson.....	1	0	Kansas City.....	5	0
Marshall.....	1	0	Topeka.....	11	1
McPherson.....	30	0			
Mitchell.....	1	0	Total.....	98	6
Morris.....	3	2			
Ottawa.....	2	0	Reported for		
Pawnee.....	1	0	January.....	149	9
Phillips.....	1	0	February.....	132	4
Rawlins.....	5	1	March.....	166	9
Reno.....	7	0	April.....	139	6

MEASLES.

Butler	1	0	Kansas City	15	0
Ellis	3	0	Topeka	2	0
Finney	1	0			
Kearney	2	0	Total	32	0
Marshall	3	0			
Meade	1	0			
Sherman	2	0	Reported for		
Wyandotte	2	0	April	54	0

DIPHTHERIA.

Allen	3	0	Leavenworth	2	0
Chautauqua	5	1	Topeka	6	1
Douglas	1	0			
Lyon	1	1	Total	30	5
Montgomery	1	1	Reported for		
Russell	1	0	January	55	10
Washington	3	0	February	44	5
Kansas City	7	1	March	63	6
			April	139	6

TYPHOID FEVER.

Bourben	2	0	Rawlins	1	0
Chautauqua	1	0	Kansas City	20	3
Douglas	3	1	Leavenworth	1	0
Greenwood	3	1			
Labette	1	0	Total	42	6
Logan	1	0			
Lyon	3	0	Reported for		
Morris	3	0	January	14	3
Osage	1	1	February	44	12
Pawnee	1	0	March	97	14
Phillips	1	0	April	65	13

CONSUMPTION.

Bourbon	6	4	Neosho	3	3
Chase	7	3	Osborne	2	0
Cherokee	1	1	Ottawa	1	0
Cloud	1	1	Pawnee	1	1
Coffey	1	1	Rawlins	1	0
Crawford	5	5	Rice	1	1
Doniphan	2	1	Riley	2	1
Edwards	1	0	Sedgwick	3	0
Ellsworth	1	0	Sumner	2	2
Geary	1	1	Wallace	2	0
Harper	1	1	Kansas City	30	9
Jackson	4	4			
Kearney	1	1	Total	88	44
Labette	1	1			
Logan	1	0	Reported for		
Montgomery	1	1	March	137	86
Morris	1	0	April	73	28
Nemaha	3	2			

S. J. CRUMBINE, M. D.,

Secretary State Board of Health.

LIST OF MEMBERS.*

(There is food for thought and stimulus for work in the following list.

ALLEN COUNTY.

Bolton, J. W., Iola.	Broom, H. A., Iola.
Chastain, W. D., Iola.	Jewell, J. E., Moran.
Longnecker, G. W., Elmore.	McDowell, W. H., Iola.
Mitchell, P. S., Iola.	Moore, G. W., Iola.
Bennick, C. W., Gas City.	Parks, S. M., LaHarpe.

ANDERSON COUNTY.

Caton, W. M., Welda.	Craig, D. M., Garnett.
Cunningham, Martha E., Garnett.	Hood, T. A., Garnett.
Huff, W. D., Westphalia.	Jones, J. B., Garnett.
Kirkpatrick, T., Garnett.	Metcalf, E. T., Colony.
Robinson, Plato W., Harris.	Milligan, J. A., Garnett.
Rogers, A. H., Westphalia.	Scott, Ida M., Garnett.
Scott, J. R., Garnett.	Schoonover, George, Garnett.
Simmons, C. L., Westphalia.	Skillman, A. H., Mount Ida.
Taylor, D. O., Greeley.	

ATCHISON COUNTY.

Beandry, George, Atchison.	Campbell, D. W., Atchison.
Charles, A. L., Lancaster.	Chase, A. B., Atchison.
Cole, C. R., Huron.	Collins, D. W., Arrington.
Dingess, M. T., Atchison.	Ferguson, C. S., Atchison.
Hunt, Z. E., Atchison.	Johnson, C. H., Atchison.
Jones, Wiley, Huron.	Linley, C. H., Atchison.
Linley, Hubbard, Atchison.	Lilly, C. A., Atchison.
Moore, P. M., Effingham.	Redwood, G. W., Potter.
Preston, J. F., Effingham.	Pitts, E. P., Atchison.
Riggs, S. W., Muscotah.	Shelley, E. T., Atchison.
Stockwell, Lydia, Atchison.	

BARTON COUNTY.

Speir, G. O., Ellingood.	Lawrence, E. K., Pawnee Rock.
Morgan, J. H., Dighton.	Morrison, E. E., Great Bend.
Mead, R. H., Great bend.	Meyer, S. S., Hoisington.
Koch, G. L., Hoisington.	McPherson, O. P., Great Bend.

*Our thanks are due to those county secretaries who have taken the trouble to correct the lists sent to them.

Connett, A. H., Great Bend.	Howe, P. L., Olmitz.
Atkins, Edward, Olmitz.	Haas, A. R., Ellinwood.
Onsettler, Grace, Hoisington.	Jury, H. W., Claflin.
Brown, Stephen, Great Bend.	Daniel, M. L., Pawnee Rock.
White, S., Great Bend.	

BOURBON COUNTY.

Sheeler, D. W., Devon.	VanVelzer, C. A., Fort Scott.
McLemore, B. A., Fort Scott.	Jarrett, M. F., Fort Scott.
Hayes, W. H., Fort Scott.	Haleman, J. T., Garland.
Griffin, W. L., Fort Scott.	Roberts, A. J., Fort Scott.
Cummings, J. S., Bronson.	Daugherty, J. L., Hiatville.
Cummings, S. B., Bronson.	Harrar, C. F., Fort Scott.
Carver, J. B., Fort Scott.	Butler, E., Devon.
Brookline, M. G., Fort Scott.	Harper, W. L., Fort Scott.
Lease, R. W., Redfield.	Aikmon, R., Fort Scott.
Anderson, E. E., Garland.	Miller, W. S., Uniontown.
McDonald, W. S., Fort Scott.	

BROWN COUNTY.

Dunlap, F., Horton.	Andrews, C. R., Hiawatha.
Comer, J. J., Willis.	Eisenbise, J. M., Fairview.
Funk, R. L., Powhatan.	Gillespie, S. T., Reserve.
Graham, G. S., Fairview.	Herrick, S. J., Everest.
Horne, J. D., Horton.	Leigh, A., Hiawatha.
Leigh, E. J., Hiawatha.	McGauhey, A., Robinson.
McKinstrey, W. B. Hamlin.	McKnight, G. C., Hiawatha.
Reynolds, L., Horton.	Robinson, J. M., Hiawatha.
Shannon, L. W., Hiawatha.	Stewart, R., Powhatan.
Stivers, C. C., Horton.	Ward, J. O., Horton.
Stevens, C. C. Jr., Hiawatha.	VanVorhis, V. C., Robinson.

BUTLER COUNTY.

Bennett, N. O., Eldorado.	Dillenbeck, F. E. Eldorado.
Gross, S. S., Towanda.	Hunt, C. E., Eldorado.
Kline, J. S., Eldorado.	McCluggage, J. R., Douglas.
McKinzie, J. A., Eldorado.	McMillen, C. H., Leon.
Perkins, Anna, Eldorado.	Smith, P. B., Augusta.
Stahlman, D. C., Potwin.	

CHASE COUNTY.

Canaway, C. L., Cottonwood Falls.	Hamme, J. M., Cottonwood Falls.
Hinden, Jacob, Strong City.	Hoover, C. F., Staffordsville.
Johnson, F. T., Cottonwood Falls.	Johnson, Frank L., Cottonwood Fls.

Kendal, A , Cottonwood Falls. Rich, W. M., Clements.
 Steele, Samuel, Strong City.

CHEROKEE COUNTY.

Allen, John, Galena.	Huffman, C. S., Columbus.
Boss, J. W., Weir City.	McClellan, G. B , Weir City.
Markham, R. M., Scammon.	Revell, A. T., Scammon.
Brookhart, H. H., Scammon.	Graham, J. Dale, Columbus.
Northrup, F. D., Galena.	Savage, H. B., Galena.
Scoles, J. P , Galena.	Landermilk, R. C., Galena.
Green, J. H., Galena.	Shelley, A. A., Galena.

CLAY COUNTY.

Pearson, Andrew, Wakefield.	Reynolds, Sam, Clay Center.
Stewart, R. A., Idana.	

CLOUD COUNTY.

Beech, W. B , Clyde.	Brierly, J. H., Glasco.
Girard, — — , Clyde.	Goover, C., Clyde.
Coffey, G. W , Concordia.	Farr, W. A., Miltonvale.
Grover, C , Clyde, R R. No. 2	Hall, James, Miltonvale.
Hartwell, G. N., Jamestown.	Marty, L. A., Jamestown.
Leslie, F. M , Clyde.	Marcott, A. R., Concordia.
McDonald, F. A. Aurora.	Newton, W. B., Glasco.
McLaughlin, R. J., Hollis.	Pigman, S. C , Concordia.
Priest, W. R., Concordia.	Sawhill. W. F., Concordia.
Sexton, A. G , Clyde.	Weaver, A. J., Concordia.

CRAWFORD COUNTY.

Bogle, H. H., Pittsburg.	Bacon, H. M., Nelson
Cole, G. E , Girard.	Caffey, H. B., Pittsburg.
Dodds, A. J., Fleming.	Cowan, H. K., Midway,
Iliff, D. A., Cherokee.	Graves, A. C., Pittsburg.
Passendelti, C., Pittsburg.	Lyngar, A. C., Opolis.
Scott, M. K., Frontenac.	Sandridge, J. G , Mulberry.
Smith, C. A., Yale.	Sloan, E. O , Pittsburg.
Williams, William, Pittsburg.	Williams, G. W., Pittsburg.

DICKINSON COUNTY.

Buck, Charles B , Abilene.	Conklin, T. R., Abilene.
Dieter, J. N., Abeline.	Gaines, F. M. Solomon.
Hazlett, E. E., Abilene.	Kethersid, J. N., Hope.
Klippinger, J. C., Herington.	Klingberg, W. A., Elmo.
McShea, R., Chapman.	Leverich, Leslie, Solomon.
O'Brien, J. J., Chapman	Montgomery, F. W., Navarre.
Riddell, J. D., Enterprise.	

Steelsmith, S , Abilene.	Schenberger, S. W., Industry.
Whitmer, P. B., Abilene.	White, George W., Holland.

DONIPHAN COUNTY.

Boone, W. M., Highland.	Campbell, W. B., Troy.
Carter, W. W., Wathena.	Herring, A., Highland Station.
Dinsmore, R. S., Troy.	McGaughey, J. H., White Cloud.
Hobson, J. H., White Cloud.	Horner, T. E., Severance.
Smith, H. H., Highland Station.	Clutz, R. R., Bendena.

DOUGLAS COUNTY.

Boyd, G. A., Col. Springs, Col.	Chambers, H. L., Lecompton.
Clark, A. W., Lawrence.	Hamman, G. A., Lawrence.
Gergen, J. P., Big Springs.	Jones, G. W., Lawrence.
Harvey, F. D. G., Lawrence.	Keith, E. R., Lawrence.
Leslie, B. H , Lawrence.	Morse, F. D , Lawrence
Naismith, James, Lawrence.	Phillips, E. D. F., Lawrence
Simmons, C. J., Lawrence.	Smith, E , Lawrence.
Hoxie, George H., Lawrence.	Blair, E. J., Lawrence.
Jones, H. T., Lawrence.	

FULTON COUNTY.

Blakeslee, T., Neodesha.

GEARY COUNTY.

King, L. R., Junction City.	Moyer, D. J., Junction City.
O'Donnell, F. W., Junction City.	Steadman, C. E., Junction City.
Yates, W. S., Junction City.	McCord, F. M., Milford.

HARVEY COUNTY.

Axtell, J. T., Newton.	Abbey, F. L., Newton.
Bennett, G. D., Newton.	Cooper, J. H., Newton.
Graybill, Jacob W., Newton.	Haury, S. S., Newton.
Hunsberger, H. G., Halstead.	Hertzler, A. E., Halstead.
Johnson, E. H., Peabody.	Kanavel, E. J., Sedgwick.
McClymonds, R. C., Walton.	McElree, George A., Newton.
Miller, Max, Newton.	Roff, O. W., Newton.
Smith, L. T., Newton.	Smolt, A. E., Newton.
Vestling, Victor I., Marquette.	Philblad, Armid, Lindsborg.
Haury, R. S., Moundridge.	

JACKSON COUNTY.

Adamson, V. V., Holton.	Carver, H. F., Circleville.
Culp, C. W., Holton.	Myers, E. T., Netawaka.
Locke, George E., Holton.	Reed, E. W., Holton.
Pettijohn, J. W., Hoyt.	Shaw, J. C., Holton.
Reynolds, Charles W., Holton.	Brockett, W. P., Mayetta.

JEFFERSON COUNTY.

Atwood, L., Meriden.	Armstead, J. B., Winchester.
Aitken, W. A., Valley Falls.	Barst, W. L., McLouth.
Cain, Milton, McLouth.	England, G. W., Valley Falls.
Fulton, J. T., Donovan.	Johnson, S., Oskaloosa.
Lowry, Al. D., Ozawkie.	Mains, J. R., McLouth.
Martin, Charles, Winchester.	Rankin, E. C., McLouth.
Smith, A. G., Oskaloosa.	Wilson, D. D., Nortonville.
Zimmerman, A. C., Perry.	

JEWELL COUNTY.

Allen, Dorothy D., Mankato.	Carter, L. A., Randall.
Hittner, H. M., Ezbon.	Hughes, O. W., Jewell.
Peters, A. B., Mankato.	Reynolds, E. L., Mankato.
Spain, Clifford, Jewell City.	Way, F. E., Randall.

KINGMAN COUNTY.

Cheney, J. W., Kingman.	Haas, E. S., Kingman.
Nossaman, S. W., Cunningham.	Haskins, M. H., Kingman.
Haskins, H. E., Kingman.	Hinton, E. W., Kingman.
Johnson, A. C., New Murdock.	Jordan, B. H., Nashville.
McLaughlin, J. A., Norwich.	Mills, H. L., Pensalosa.
Nelson, Ira D., Spivey.	

LEAVENWORTH COUNTY.

Crozier, M. L., Lansing.	Wood, E. S., Jarbalo.
Carpenter, C. R., Leavenworth.	Goddard, C. C., Leavenworth.
Igel, R. L., Leavenworth.	McKee, S., Leavenworth.
Smith, A. J., Leavenworth.	Shoyer, M., Leavenworth.
Stacey, H. J., Leavenworth.	Weaver, J. S., Leavenworth.
Boling, R. L., Leavenworth.	

LINN COUNTY.

Ashley, Lee R., Pleasanton.	Barnes, H. M., Blue Mound.
Brooks, S. H., Mound City.	Carlton, A. L., Lacygne.
Clark, H. L., Lacygne.	Giles, A. P., Blue Mound.
Green, D. E., Pleasanton.	Kennedy, J. T., Blue Mound.
Lee, C. P., Pleasanton.	Peare, R. J., Pleasanton.
Plum, Henry, Pleasanton.	Stough, J. H., Parker.
Turner, A. J., Centerville.	Vail, G. W., Parker.
Warner, T. W., Parker.	Wortman, J. G., Mound City.

LYON COUNTY.

Biddle, G. A., Emporia.	Biddle, J. C., Topeka.
Brickell, J. B., Americus.	Brown, M. D., Lebo.

Burris, J. G., Allen.	Bushong, L. B., Admire.
Corbett, O. J., Emporia.	Davies, H. E., Emporia.
Eckdall, F. A., Emporia.	Foncannon, T. F., Emporia.
Hatcher, Charles D., Admire.	Hendon, Jacob, Strong City.
Longnecker, D. F., Emporia.	Lusk, C. J., Lebo.
Morgan, D. L., Emporia.	Morrison, J. F., Emporia.
Page, J. H., Emporia.	Parrington, J. M., Emporia.
Reeser, S. F., Hartford.	Welch, T. E., Emporia.

MARION COUNTY.

Buck, L. A., Peabody.	Furst, O. J., Peabody.
Hannaford, J. W., Marion.	Morrill, L. T., Peabody.
McIntosh, S. E., Burns.	Myers, Grant, Lincolnville.
Marnier, G. P., Marion.	Smith, R. C., Marion.
Palmer, S. M., Florence.	Smith, N. M., Marion.
Wager, L. S., Florence.	Welch, James, Tampa.
Werthner, J., Marion.	

MCPHERSON COUNTY.

Dean, Geo. R., McPherson.	Engbery, A., McPherson.
Hall, J. C., McPherson.	Alexander, J. B., McPherson.
Alexander, J. B., McPherson.	Salthouse, H. L., Lindsborg.
Philblod, Arvid, Lindsborg.	

MITCHELL COUNTY.

Blades, T. S., Scottsville.	Barst, M. R., Glen Elder.
Daily, F. M., Beloit.	Brewer, E. E., Beloit.
Home, F. B., Beloit.	Daniels, E. N., Beloit.
Mason, E. G., Cawker City.	Lobdell, M. J., Beloit.
O'Bried, D. S., Beloit.	Ratliff, H. L., Cawker City.
Seager, A. J., Beloit.	Saunders, N. J., Cawker City.
Spessarn, M. R., Glen Elder.	Ullman, J. F., Simpson.

MONTGOMERY COUNTY.

Casebeer, H. M., Independence.	Chadwick, Ira B., Tyro.
Chaney, W. C., Independence.	Dalby P. A., Havana.
DeMatt, C. W., Independence.	Edmonson, B. D., Independence.
Finley, M. A., Cherryvale.	Hall, W. C., Coffeyville.
Howard, D. Wm.,	Johnson, John H., Coffeyville.
Martin, Mary S., Coffeyville.	Koser, M. L., Cherryvale.
Pinkston, J. A., Independence.	Masterman, B. F., Independence.
Shelton, F. W., Independence.	Scott, J. S., Independence.
Suber, C. C., Independence.	Stevens, T. A., Caney.
Tanquary, Mamie J., Indep'dence.	Tanquary, E. D., Independence.
Youngs, W. E., Independence.	Wickersham Enock C., Ind'pnd'ce

NEMAHA COUNTY.

Brown, J. H., Centralia.	Best, A. J., Centralia.
Carlyle, W. L., Sabetha.	Fitzgerald, D. H., Kelley.
Fisher, C. M., Bern.	Graham, J. W., Wetmore.
Hall, George, Baileyville.	Hayes, Noah, Seneca.
Hayner, Wm., Sabetha.	Huig, Joseph, Cherryvale.
Kilbourne, B. K., Oneida.	Iles, U. G., Seneca.
Murdock, S., Seneca.	Murdock, S., Oneida.
Maxon, J. C., Goffs.	Magill, J. H., Corning.
Ronnebaum, H., Seneca.	Reding, Harvey, Sabetha.
Skinner, Benj., Granada.	Shelton, G. W., Oneida.
Snyder, Alvin, Seneca.	Shumway, J. R., Seneca.
Thompson, Preston, Corning.	Snyder, H. G., Seneca.
Troughton, W. J., Seneca.	Townsend, C. W., Centralia.
Wright, R. E., Bern.	Watkins, F. M., Wetmore.
Thompson, W. J., Seneca.	

OSAGE COUNTY.

Beasley, Chas. W., Lyndon.	Ball, James, Melvern.
Connor, J. A., Burlingame.	Corwin, L. E., Melvern.
Dale, W. A., Lyndon.	Heller, J. M., Osage City.
Marcotte, C. F., Osage City.	Main, C. M., Overbrook.
Moore, D. B., Osage City.	Schenck, F. W., Burlingame.
Seabrooke, C. C., Burlingame.	Harrison, A. F., Scranton.

OSBORNE COUNTY.

Armstrong, John B., Portis.	Chilcott, B. F., Osborne.
Dillon, A. C., Osborne.	Ebnoter, C. L., Downs.
Felix, T. O., Downs.	Felix, T. B., Downs.
Hudson, W. F., Osborne.	Franklin, George W., Downs.
Henshall, E. O., Osborne.	Isenberg, E. E., Natoma.
St. John, H. R., Allen.	Stevens, C. G., Osborne.
Walker, J. W., Alton.	Thompson, A. A., Osborne.

OTTAWA COUNTY.

Alpin, C. B., Delphos.	Brewer, J. F., Minneapolis.
Crasthwaite, B. H., Bennington.	Cludas, A. J., Minneapolis.
Lee, Wm. H., Ada.	Eye, George E., Delphos.
Simmons, J. W., Culver.	Miller, John, Minneapolis.
Vermillon, C. D., Trescott.	Roberts, Frank, Bennington.

POTTAWATOMIE COUNTY.

Brunner, Benj., Westmoreland.	Conlan, P. T., St. Marys.
Cutright, A., Louisville.	Jennings, J. M., Wamego.

Richardson, E. F., Omega.
 Smith, A. D., Wamego.
 Wilson, W. P., Westmoreland.

Simonton, E. L., Wamego.
 Wilhoit, J. W., St. George.

PRATT COUNTY.

Bucklin, C. F., Sawyer.
 Gaston, E. A., Pratt.
 Haynes, Linnie C., Preston.
 Lottridge, M. M., Pratt.
 Webb, J. A. H., Preston

Cochran, A., Iuka.
 Douthart, J. I., Pratt.
 Haynes, I. M., Preston.
 Lottridge, L. J., Pratt.
 Peak, Frank, Pratt.

RENO COUNTY.

Bower, W. H., Sylva.
 Colby, Helen G., Hutchinson.
 Blasdel, G. A., Haven
 Calladay, S. M., Hutchinson.
 Easley, Dana A., Hutchinson.
 Foltz, Elliott J., Hutchinson.
 Justice, H. S., Hutchinson.
 Klippel, C., Hutchinson.
 Maguire, J. W., Hutchinson.
 Sidlinger, S. H., Hutchinson.

Beavers, D. V., Hutchinson.
 Bauer, W. H., Sylvia.
 Cachy, F. A., Hutchinson.
 Cane, Armianella S., Hutchinson.
 Duvall, H. I., Hutchinson.
 Gage, G. R., Hutchinson.
 Julian, I. B., Arlington.
 Mann, C. A., Hutchinson.
 Schorr, W. F., Hutchinson.
 Welsh, H. G., Hutchinson.

RICE COUNTY.

Bodenhammer, E. A., Frederick.
 Fisher, E. C., Lyons.
 Koons, T. W., Chase.
 Powers, I. H., Little River.
 Smith, F. R., Little River.
 Trueheart, Marirn, Sterling.
 Vermillion, L. E., Lyons.
 Young, R. Claude, Chase.

Currie, W. R., Sterling
 Fisher, C. E., Lyons.
 McBride, J. S., Lyons
 Ross, H. R., Sterling.
 Staatz, J. H., Bushton.
 Trueheart, P. P., Sterling.
 Wallace, F. E., Frederick.

RILEY COUNTY.

Colt, J. D., Manhattan.
 Little, C. F. Manhattan.
 Lyman, L. J., Manhattan.
 Roberts, C. A., Randolph.
 Silkman, W. D., Manhattan

Cave, T. R., Manhattan.
 Henderson, A., Leonardville.
 Litsinger, G. H., Riley.
 Moffitt, E. J., Manhattan.
 Reitzel, W. M., Cleborne.

ROOKS COUNTY.

Barber, Charles E., Palco.
 Colby, Emery E., Woodston.
 Meade, F. K., Plainville.
 Rice, G. R., Plainville.
 Sackrider, David L., Webster.

Book, Noah L., Stockton.
 Calendar, W. P. Stockton.
 Parker, James C., Woodston
 Stough, D. F., Stockton.

SALINE COUNTY.

Anderson, A. J., Salina.	Brittain, C. R., Salina.
Cheney, E. R., Gypsum.	Crawford, J. R., Salina.
Deweese, W. B., Salina.	Harvey, W. S., Salina.
Hawthorne, E. W., Gypsum.	Lagerstrom, F. G., Salina.
Loganstram, F. G., Salina.	May, A. J., New Cambria.
Moses, H. N., Salina.	Neptune, J. W., Salina.
Nordstrom, L. O., Assaria.	Seitz, George, Salina.
Tobey, N. D., Salina.	Tuttle, E. R., Salina.
Winterbotham, W. H., Salina.	Winterbotham, J. H., Salina.

SEDGWICK COUNTY.

Anderson, S. M., Wichita.	Bowers, C. E., Wichita.
Basham, D. W., Wichita.	Tullenwider, C. M., Wichita.
Brown, J. C., Wichita.	Caswell, C. E., Wichita.
Cave, J. W., Wichita.	Emly, J. E., Wichita.
Clark, J. D., Wichita.	Hagan, M., Wichita.
Dorsey, J. O., Wichita.	Hickok, H. S., Wichita.
Frabique, A. H., Wichita.	Hoffman, J. Z., Wichita.
Gsell, J. F., Wichita.	Hutchinson, T. L., Wichita.
Hamilton, E. E., Wichita.	Kirkwood, J. W., Wichita.
Hornor, Levi, Wichita.	Longsdone, W. T.,
Jones, C. P., Wichita.	Lyon, F. B., Wichita.
Latta, James M., Wichita.	Maggard, D. I., Wichita.
Maggard, J. M., Wichita.	Oldham, J. E., Wichita.
McAdams, C. E., Wichita.	Perdue, G. C., Wichita.
Palmer, E. M., Wichita.	Taylor, O. J., Wichita.
Purves, G. K., Wichita.	Warren, L. P., Clearwater.
Scott, C. E., Wichita.	Buley, D. G., Valley Center.
Storrett, W. M., Wichita.	Walker, T. J., Wichita.
Greening, W. P., Valley Center.	

SHAWNEE COUNTY.

Adams, Harriett, Topeka.	Alkire, H. L., Topeka.
Andrews, A. S., Topeka.	Barnes, Ida C., Topeka.
Berry, J. A., Topeka.	Eastman, B. D., Topeka.
Brockett, E. M., Topeka.	Ernest, F. J., Topeka.
Brown, K. O., Salem, Mass.	Frishey, W. R., Topeka.
Carson, A. V., Dover.	Hazlett, H. H., Topeka.
Davis, O. P., Topeka.	Hogeboom, H. B., Topeka.
Esterly, D. E., Topeka.	Judd, C. E., Topeka.
Freeman, J. D., Topeka.	Kaster, J. P., Topeka.
Greenfield, Sarah, Topeka.	Lindsay, W. S., Topeka.

Harper, Frances A., Topeka.
 Hogeboom, G. W., Topeka.
 Jamison, J. M., Topeka.
 Johnson, S. A., Topeka.
 Lewis, J. P., Topeka.
 Martin, F. H., Topeka.
 McDonough, W. C., Topeka.
 McVey, R. E., Topeka.
 Minney, George M., Topeka.
 Warriner, W. L., Topeka.
 Scholle, F. H., Topeka.
 Stewart, S. G., Topeka.
 Taylor, N. J., Berryton.
 Van Horn, C. B., Topeka.
 Wehe, W. A., Topeka.

Magee, R. S., Topeka.
 McClintock, J. C., Topeka.
 McGuire, C. A., Topeka.
 McVey, W. E., Topeka.
 Minney, J. E., Topeka.
 Miner, H. C., Topeka.
 Munn, L. H., Topeka.
 Mitchell, M. R., N. Topeka.
 Mulvane, G. J., Topeka.
 Powell, L. M., Topeka.
 Peers, T. W., Topeka.
 Smith, S. E., Grantville.
 Storrs, W. D., Topeka.
 Taylor, O. A., Topeka.

SMITH COUNTY.

Bilby, F. M., Kensington.
 Dykes, J. B., Lebanon.
 Dykes, S. B., Esbon.
 Hislop, John, Lebanon.
 McCammon, J. A., Reamsville.
 Slagle, B. W., Smith Center.
 Robertson, Milo, Cedarville.

Bower, W. C., Lebanon.
 Dykes, H. A., Lebanon.
 Golden, L. A., Kensington.
 Leary, M. F., Gaylord.
 Morrison, H., Womer.
 Relihan, B. W., Smith Center.
 Yankey, John W., Esbon.

STAFFORD COUNTY.

Akers, George W., Stafford.
 Cavanaugh, F. A., Hudson.
 Hart, M. M., Macksville.
 O'Fling, F. S., Seward.
 Ruggles, Charles A., Stafford.
 Scott, T. W., Stafford.

Adams, Charles S., St. John.
 Dykes, J. P. H., Stafford.
 McDouald, John, St. John.
 Rose, J. N., Stafford.
 Wesley, Cyrus, Stafford.

SUMNER COUNTY.

Bartlett, W. E., Belle Plaine.
 Collins, M., Oxford.
 Halliday, J. L., Wellington.
 Holt, T. F., Geuda Springs.
 Horner, D. E., Perth.
 Hollingsworth, T. J., So. Haven.
 Kisechar, D. E., Coldwell.
 May, F. B., Hunnewell.
 Morton, H. B., Mayfield.
 Neel, W. H., Sr., Mayfield.

Cobean, H. L., Wellington.
 Emerson, F. G., Wellington.
 Harmon, L. G., Wellington.
 Hoke, H. E., South Haven.
 Hunt, J. M., Wellington.
 Jamieson, T. H., Wellington.
 McIlheny, R. A., Conway Springs.
 Martin, W. M., Wellington.
 Neel, W. H., Jr., Anson.
 Owens, T. C., Argonia.

Pile, Eugene, Portland.
 Sabhart, I. T., Coldwell.
 Sippey, J. J., Relle Plaine.
 Vincent, H. A., Corbin.

Roe, J. A., Wellington.
 Shelley, S. T., Mulvane.
 Spitler, S. W., Wellington.
 Waite, G. R., Milan.

WASHINGTON COUNTY.

Algie, R., Linn.
 Earnest, W. M., Washington.
 Hoover, J. H., Haddam
 Jacobs, Wm, Washington.
 Mathows, J. R., Hollenberg.
 Rudolph, John R., Hanover
 Smith, Henry D., Washington
 Tooley, George E., Washington.
 Williamson, Charles, Washington.

Chambers, J. O., Hanover.
 Gardner, W. N., Greenleaf.
 Horn, M. H., Morrowville.
 Maintz, R. W., Linn.
 Melchers, F. W., Hanover
 Runkle, W. S., Washington.
 Snyder, Z. H., Greenleaf.
 Williams, R. A., Washington.

WABAUNSEE COUNTY.

Beverly, Geo. W. B., Alma
 Meikle, Chas. H., Alma.
 Silver Thorn, C. R., McFarland.

Jeffers, Geo. N., Eskridge
 Meyer, A. A., Alma.
 Smith, C. E., Alma.

WILSON COUNTY.

Day, F. K., Neodesha.
 Duncan, E. C., Fredonia.
 Hearst, A. L., Kansas City, Mo.
 Martin, E. N., Fredonia
 Preston, J. C., Buffalo
 Sharpe, O. D., Neodesha
 Wiley, D. M., Fredonia.
 Williams, C. L., Neodesha

Flack, A. C., Fredonia.
 Jones, H. H., Altoona.
 Riley, B. R., Coyville
 Wetmore, R. B., Coyville.
 Williams, A. P., Neodesha
 Willits, J. R., Fredonia.
 Martin, E. N., Benedict.
 Woodard, T. B., Neodesha

An Opening—We take the liberty of addressing you relative to procuring a physician. We have a very good location for a doctor who has energy and skill; and if you know of a young doctor looking for a location please refer him to us. We are desirous of having a physician locate here and will answer all inquiries promptly. Thanking you for the name and address of any doctor you might know of who is looking for a location. We are ———,

No. 11 JOURNAL Office.

NOTICE.

Dear Doctor:

Kindly publish the within notice in the next issue of the JOURNAL. I may be presuming by asking this and also the publication of the reports of the councilors, if so make mention of the fact and I will be obliged.

I think the JOURNAL could be benefitted much, if the profession in general, who pose as the representative in the state would contribute to its columns at least occasionally.

Fraternally,

CHARLES E. BOWERS.

Wichita, Kansas, June 24, '05.

[We endorse the above. We have asked again and again for reports and contributions, and *publish all we receive*—ED.]

To the Councilors and their appointees of the Kansas State Medical Society:

After investigating the present condition of the county organizations throughout the state, I find that only 32 out of the 105 counties are organized. In order to perfect the organization in the state before the next annual meeting, there must be some active work done by the councilors and their appointees.

I, therefore, ask each councilor to make report to me on or before the first day of August 1905, containing the following data: (a) The names of the counties in his district; (b) The names of his appointed assistant councilors, and their respective territory assigned; (c) The names of the counties in his district that are not organized.

I further request that each councilor make a monthly report thereafter, to me, of the work they have done, and the progress they have attained, and to keep copy in duplicate, which shall be a part of his annual report at the next meeting.

I have that faith in the profession of Kansas, that if the councilors and their appointees inject the proper amount of energy into the work, and keep faith with the requirements of (Sec. 2 in Chapter VII.) the By-laws of the Constitution, "(Each councilor shall be organizer, peacemaker and censor for his district. He shall visit the counties in his district at least once a year for the purpose of organizing component societies where none exist; etc.," that every county in the state will have a representative at the next annual meeting.

Every officer elected or appointed to a position, if he accepts, is duty bound to do the work, for which that office was created or resign. I feel that if monthly reports of the work of the councilors appear in the official organ (THE JOURNAL,) of the society, that the

profession will have a better knowledge of the condition that exists in the state, and will give the subject some thought as to ways and means to correct existing errors in official management, whereby to perfect to a greater degree, the present organization.

If our organization was on a plane with our sister state, Missouri, for example, she would appear in the National Body at Portland this year with two instead of one delegate to the house of representatives.

I certainly will appreciate a compliance with the above request and shall have said reports published in each monthly issue of the JOURNAL. Should no report be made by the councilor the fact will be mentioned.

I take this means of giving official notice to each councilor and his appointees.

Yours most sincerely,

CHARLES E. BOWERS.

President.

An Opening—I have a good proposition here for a bright doctor who is also a druggist. For such an one with a little money and who wants to practice in a good country town and control a drug store, this should be of special interest. I think I can also interest a good doctor whether he wants the drug business or not. Please refer any who may be wanting a location to Mr. ————No. 12, JOURNAL office.

Hookworm Disease in Porto Rico.—The government commission has made its report. Naturally it is a very interesting document. The Breitenbach Co. has called our attention to the fact that Gude's pepto-mangan was the only proprietary iron preparation used.

Tongaline and Lithia Tablets can be prescribed with the greatest benefit for many people who indulge in generous or intemperate habits of living, as this combination will promptly and thoroughly eliminate any excess of uric acid in the blood.

A unusually cold and damp spring is always conducive to the development of much malaria for which Tongaline and Quinine Tablets are almost a specific, quinine for the fever, Tongaline for eliminating the poisonous secretions.

Tongaline and Lithia Tablets are particularly indicated in diseases which are caused by deposits of urates in the tissues, especially in the joints and in the kidneys.

The Journal

OF

The Kansas Medical Society

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Volume V

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Number 8

THE ADVANCE IN PSYCHIATRY.*

"But, Gentlemen you are not here alone for pleasure. You are not here for the gratification of the senses, however delightful. You are here to work for humanity and the advancement of that young science, born but yesterday, of which you are the distinguished and honored exponents and apostles. There is no brighter page in the history of medicine than that wherein is recorded the birth, growth and evolution of psychiatry,—the scientific treatment of the diseased mind. It makes us shudder to look back and recall the cruelty and barbarity inflicted through ignorance upon the unfortunates, even one hundred years ago. It makes us sad to recall what was their fate before God inspired Pinel and Esquirol and Ray, and Rush, and Galt, and Stribling, and Woodward and Brice—that angel of mercy, ever blessed be her name, Dorothy Dix,—through all of whose inspired and divinely-guided labors we have reached the position of our splendid psychopathic hospitals and the rational treatment of diseases of the mind. High up on fame's proud temple their names are inscribed in letters of living light and will endure forever!

"It makes us dizzy to recall the advances that have been made in the last quarter of a century, for within that time the new psychology has been born. It was not evolved out of the old psychology, for that was such in name only. The immortal

(*From Dr. Daniel's address of welcome to the American Medical Psychological Association at San Antonio, Texas, April 18-20, 1905.)

Locke, the father of the old psychology, had not, of course, the faintest conception of the wonderful truths and discoveries that have occurred, which show the mind in all of its multitudinous phases of ideation, thought, memory, and consciousness itself, to be the function of the brain, evolved by chemical action,—a force, a mode of motion; if you please, specialized energy, transformed by the original dynamo, the brain,—into what I believe is identical with electro-magnetic energy.

“Locke and his followers of the old school, and all the world conceived of the mind as being the soul; something outside of, external to, independent of the organism, and which entered the body of the babe at birth, controlled the life of the man, shaped his destiny, and which at death was liberated and was immortal. That was a psychology of speculative philosophy,—the “science of the soul” (psycho). We have a new psychology,—Professor James to the contrary, notwithstanding,—a science of the mind. All scientific men now recognize that the mind is purely a physiological process independent of any external or supernatural causes.

“If it makes us dizzy to contemplate the advance of psychology in the past, it makes our heads swim to contemplate the possibilities of the future. We stand today, Gentlemen, upon the shoulders of our immediate predecessors, and as we look into the opening vista of the twentieth century, the field opens, ever broader and unending, and we are startled at the possibilities that await the further investigation of the brain cells. While much has been accomplished, there is much yet to be accomplished. Surely, it was thought that when Flechsig demonstrated the thought cells, and the sensory and the motor areas were clearly mapped out, we had reached the limit; but there are other problems. What is consciousness? How does it arise? Given the thought cells, how is thought produced? How is it distilled from the elements of the food that float in the blood that bathes every other cell in the body?

“But, Gentlemen, you are less concerned with psychology than with psychopathology and psychiatry. You are here to study your special branch of science and to devise means and methods for the better construction and management of your institutions, and the care of your patients; but we have well nigh reached perfection in that. You deal with the sick mind. It is yours to

“ * * * minister to a mind diseased.

To pluck from the memory a rooted sorrow;
To raze out the written troubles of the brain,
And with some sweet, oblivious antidote
Cleanse the stuff'd bosom of the perilous stuff
That weighs upon the heart.'

“There is much work before you. You, Gentlemen, in your organized capacity,* are an immense power for good. That power should be exerted. While science has advanced along this line, jurisprudence has stood still, and I say that it is a disgrace to the State of Texas that, while forty-two or forty-four forms of insanity are recognized by alienists, jurisprudence recognizes only two forms, the “natural” and the “acquired”, and the absurd test of knowing right from wrong, adopted in the McNaughton case two hundred years ago, is still the rule in our insanity trials. Unfortunates who are arraigned on a charge of murder, and where insanity is the defense, have not the benefit of a diagnosis by the light of modern science.

“Much could be said along this line. I would refer to the absurdity of having a jury of laymen to decide such a question. In our jury system, the more ignorant a man is, the better qualified he is to act, according to the practice of our jurisprudence. Experts testify, and they always differ, and the courts call in twelve farmers, mechanics, tinkers and tailors, and candlestick makers, day laborers, and what not, to decide.

"But, Gentlemen, I am occupying your time. There are many things you will have to consider. The jurisprudence of insanity has not progressed with science. You should have influence with Congress, but I am afraid, in many of the States, you will find that most of the legislators ignore science, and are moved solely by sentiment. There is one problem before you to which I wish to call attention. I refer to the alarming, terrible increase of insanity. What is the cause of it? Dr. Graves, in his admirable address delivered at Galveston last month, makes the startling assertion that the insane in Texas in the last forty-five years have increased 6800 per cent, while the population has increased but 504 per cent; that is nearly 14 to 1. What is the cause of it? How can it be arrested? It is out of all proportion to the population and out of all proportion to the increase of crime which is truly appalling. Something must be done, if possible. And it does seem to me, Gentlemen, that our whole humanitarian system aims at and fosters the survival of the unfit, and propagation of the defective. It is race suicide."

EDITORIAL NOTE—A recent experience has proven to us that Dr. Daniel's strictures on state laws apply to Kansas also. A paranoiac twice before pronounced insane, once by Dr. Munn of Topeka, and once by Drs. Morse and Leonard of Lawrence had been released from the state hospital, and naturally was making life a burden for his family and neighbors. His grievance was that he had not had a fair share of his father's estate,—this grievance having developed within the last eighteen months (or about four years after his father's death.) His method of bringing his claim to justice was by threatening his brothers with physical injury as well as with the torments of hell. His language was blasphemous to the last degree. He had prepared at various times statements of his case which he had printed and distributed. These were long, rambling, arguments mixing up philosophy, complaints, threats, and blasphemy—in fact typical paranoiac documents.

When his family, unable to endure him longer, brought him to the court for trial for sanity, the patient on the advice of an old lawyer chose a jury trial. He secured the services of a very bright lawyer to defend him and the trial lasted from eleven a. m. to two a. m.—and resulted in his being pronounced sane.

The defense was that the man was a theosophist,—and a good worker (when he worked on the farm), and that in equity he was entitled to more money than his mother had paid him (although she had paid him all he had asked at the time of settlement)! In other words the study of the man's mental condition was carefully avoided. The patient's plea was that to send him to Topeka meant death—and his description of the treatment of patients at Topeka had a great influence with the jury.

The jury's view was that while the man was a "little off," nevertheless he was not worse than hundreds of others on the streets; and was able to support himself, and that he did not deserve being sent to Topeka,

It was perfectly evident that if the Kansas statutes on sanity were so

worded that such a man could be put under guardianship and pronounced unfit to transact business in his own name, the jury would have pronounced him insane,—but the jury was unwilling to send him to the “horrors” of Topeka.

Another point illustrated by this case was the illogical methods of studying the sanity of the defendant. The jailer and sheriff who had kept the man in custody several weeks called him rankly insane. Why would it not have been the proper procedure to put the man under charge of an expert for several days and then receive that expert’s testimony? At least an expert (by “expert” we mean not an ordinary practitioner, but specialist, an alienist) should have questioned him before the jury and demonstrated to the jurors the criteria of sanity.

Verily we have some work before us in Kansas; can we not have some opinions as to the necessary changes in our statutes set before our profession by means of the *THE JOURNAL*?

RAILWAY INJURY: CASE REPORT.*

L. H. MUNN, M. D.

Topeka, Kansas.

Lecturer on Surgery in the University of Kansas.

A young unmarried woman, aged 29 years, of neurotic temperament, a milliner by occupation, was riding, in mid-winter, when the weather was quite cold, as a passenger in the coach of a railway train which was telescoped in a head-end collision, the coach ahead passing into the one in which she was riding. About fifteen people were killed in the car close to where she was sitting. She remained in the wreckage about two hours when she was taken out and placed in a bed in a Pullman car,

*Read before the Kansas Medical Society at Wichita, May, 1905.

+Mr. President and Fellows of the Kansas Medical Society:

It is likely that I owe you all an apology for reading the report of this case. I know positively that I do some of you, since eight or ten have read the report and answered the queries at its close. Among the gentlemen to whom it was submitted was our worthy secretary. He for some reason thought it would be of interest to the society and placed it on the program. The case is truthful so far as it is possible for a “hired liar” to be truthful and be connected with a “soulless corporation.” The part of the report in reference to her condition at and immediately following the injury was dictated from memory, without the aid of notes. The statements about her present condition are from the notes of an examination made by Dr. Kuhn of Kansas City, Mo., and myself with the assistance of A. A. Graham, claim agent for Rock Island Railroad.

which was comfortably warm, and taken to a hospital, a distance of about 18 miles, being carried in an ambulance from the railway depot to the hospital, a distance of about one mile. At the hospital it was found she had an injury to the bridge of her nose, which was cut to the bone, a puncture of the left hand between the middle and the ring fingers, about $\frac{1}{2}$ inch long, by $\frac{1}{4}$ inch wide, by $\frac{1}{2}$ inch deep, and a contused and abraded condition of the left thigh from the gluteal fold to the popliteal space, varying in width from one to four inches. No other objective evidence of injury. She was conscious from the time she was first seen in the wrecked car, and at all times afterwards. She was placed in bed in the hospital, where she remained five or six weeks. Twenty four or 36 hours after her admission she passed bloody urine. The wounds to her hands and nose healed kindly, and in the usual and ordinary time. The abrasion and contusion of the left thigh produced ecchymoses which disappeared in the usual and ordinary time for an injury of its extent, and at the time of her departure from the hospital, her left thigh was to all appearances, in a normal condition. At that time her reflexes, both superficial and deep were all present and normal. During her stay at the hospital she had perfect and complete control of the sphincters of her bladder and rectum. There were not at any time present any vaso-motor or trophic changes nor atrophy of any muscles, except the left foot which was shiny and slightly oedematous. The left leg, especially at the ankle, was in a position of partial extension, she at all times refusing of her own will to use it. It was colder than its fellow of the opposite side, and irritation of the external peroneal nerve by the induced current, caused no reaction. There was slight oedema present, and aside from this no impairment of the circulation.

After the end of about a week from the date of the injury, she claimed an inability to move or use the left hand and wrist, but, under a suggestive plan of treatment, she in a short time, recovered the full and normal use thereof. While at the hospital she slept the usual and ordinary periods; her appetite and digestion were normal; urine was passed regularly, was normal in amount and quality. After the first few days her bowels moved regularly with the use of an occasional cathartic, or injection.

During her stay at the hospital she was in a nervous, irritable, and emotional frame of mind; cried easily, complained of vague pains in her back and other portions of the body, and was constantly importuning her friends to take her home; and finally, during the absence of her hospital attending physician, her family physician came, and took her to her home, by railway, a distance of about 200 miles. Upon her arrival home, an improvement in her condition occurred for several months. But she finally began to get worse, and took her bed in several months more, which she kept constantly for about four months. During a part of this time she became so

irritable and nervous that the use of a board sidewalk in front of the house, at a distance of forty or fifty feet, had to be discontinued, by the people of the town, for the reason that their walking over it caused her great annoyance and discomfort. After her arrival home she lost control of her urine, and it had to be drawn by a catheter, being exceedingly small in amount; her bowels had to be moved during the same period, by injection.

A physical examination made of her about a year after the injury disclosed the following:

She was lying in a clean, carefully kept and prepared bed, her person dressed in a becoming night gown, her hair carefully braided and tied with ribbons, her person well attended, being in a clean and tidy condition. She greeted the examining physicians warmly, with smiles and laughter, pleasantly referring to the former meeting of one of the examiners, discussing freely and frankly her condition, and her treatment and relation with the doctors and nurses who had attended her in the hospital, as well as her care and attention after her arrival home; but as the examination progressed, she gave no answers to the inquiries of the examining physicians, and became more reticent until she finally refused to answer questions or give information on the points inquired about. At this examination her body appeared fairly well nourished, having lost 10 or 15 pounds weight in the last year. Her complexion was slightly pale; her skin was clear, clean, moist and supple. Her pulse at no time during the examination, even at the most trying times exceeded 100 and came as low as 80. Her heart's action was normal and regular, there being no discoverable valvular trouble. Her respiration was 17, and her respiratory organs normal. Examination by inspection, palpation, percussion and auscultation showed the thoracic and abdominal viscera normal.

As she lay in bed her left foot was drawn up toward the right thigh, but when straightened alongside of its fellow, the left foot was in a position of extension. The hamstring muscles were contracted, preventing the extension of the left knee to more than an obtuse angle.

The reflexes, both superficial and deep were all present and normal except the patellar reflex of the left leg, which was limited by a contracture of the hamstring muscles. The pharyngeal reflex was absent. No ankle clonus existed. No Babinski reflex, and no Koenig reaction.

Her visual field was shifting and contracted; the color field very much contracted and uncertain in defining colors. No Argyle-Robertson pupil, the eye responding to light and accommodation, the pupil being one of dilatation, contracting and dilating constantly during the examination.

Examination by the induced current showed her muscles to respond readily, even those of the left leg, there being no reaction of degeneration present. All her sensations were sub-normal.

Tactile sense much reduced all over the body, and more so for entire left half of the body. Pain sense was greatly reduced all over the body, and decidedly more on the left half than on the right of the body. The temperature sense on the entire left side of the body was almost or entirely absent, while it was acute on the right side of body.

Her bodily temperature was $98\frac{1}{2}$.

The measurement of both legs were the same, except the upper third of legs over calf, the right being an inch larger in circumference than the left.

Her will power was diminished.

Amount of urine passed was remarkably diminished and accompanied in its most profound stages by vomiting.

There existed a hemianesthesia of the entire left half of the body, with well defined lines of demarcation, especially to pain and the temperature sense. These sharp lines of demarcation shifted frequently during the course of the examination.

Patient refused to be placed under an anesthetic by the examining physicians for the purpose of determining whether, under that condition the contracture of the hamstring muscles would or would not cease, to show, whether the contracted condition of the hamstring muscles was of functional or organic origin; and after full explanation to her of the purpose of this, although admitting that she had frequently taken chloroform, she absolutely refused to permit the making of the test.

Query No. 1. What is the diagnosis?

Query No. 2. What is the prognosis?

TRAUMATIC NEUROSES.*

W. S. LINDSAY, M. D.

Dean of the Kansas Medical College,

Topeka, Kansas.

In the study of human ailments from our earliest history to the present time, the medical man has shown great timidity and awe in the investigation of physiological as well as pathological processes. While we learn of occasional glimpses of light in advance of the generation, the evolution of

*Read before the Kansas Medical Society at Wichita, May, 1905.

the medical mind has been so gradual as to excite wonder as well as admiration for the generation shown for the subtle thing we call the "spark of life." It is not my purpose to weary you with a narrative calling to mind the various steps in the progress of the science of medicine but for the moment to remind you of some of the evidences of conservatism and disinclination to go below the surface in search for the cause of the disease. Witness the virtue arrogated to himself by each man, who, as he solemnly took the oath of Hippocrates, promised that under no circumstances would he cut a fellow man for stone. Witness what was taught by the leaders of our craft within the memory of many who hear me, that the abdominal cavity was sacred being lined by a serous membrane and that no man was authorized to enter the precincts unless an opening was made by a traumatism. Witness the dogma tacitly held by many today that diagnosis of central nerve lesion can be made only by external evidence under the headings, abrasions, discolorations, heat, swelling, paralysis, atrophy. Subtleness of function of the cerebro-spinal axis as witnessed by a large list of so called functional diseases,—should make us keenly alive to the fact that delicacy of structure and intimate relation to essential vitality stand as a barrier between us and working formulæ by which we might work out the diagnosis of mental and nervous diseases with mathematical certainty; and instead of being blinded by these we should endeavor to understand the language of these deep parts although the voice may be weak and faltering.

I am prompted to take up this subject by a tendency I observe to underestimate subjective symptoms and make much of the too frequent occurrence of simulation on the part of poor frail humanity seeking damages for slight or fancied injuries. A much read and published paper on the partial success of one poor fellow who lived in Texas comes to mind. This case was detailed in extenso serving to "adorn a tale and point a moral," the latter by implication being that no case of traumatism should be recognized in which a material injury could not be established. Investigations of Walton, Putman, Thomsen, Oppenheim, Charcot, Strumpell, Page, and others, within the past twenty years, seem to me to establish beyond controversy a disorder or symptom complex classified under the heading of my paper, Traumatic Neurosis. The complicated character of this much mooted affection seems to be its greatest hindrance to an unquestioned place in the nomenclature of diseases. Partaking as it does of motor and sensory disturbance including both local spasms, eclampsia, and even psychoses, we find a combination of hysteria, neurasthenia and hypochondriasis. Cerebral shock appears to play a much smaller part in the causation of this affection than psychic shock, and the essential trauma, while accompanied frequently by bodily injury, seems to be psychic. Pain, hyperæsthesia, increased re-

flexes, headache, visual defects, insomnia, vertigo, vaso-motor and trophic disorders, paralysis, hemorrhages, cyanosis, and lowered temperature of a limb may appear.

A case coming under my observation at McPherson and for the history of which I am indebted to Dr. Engberg, seems to illustrate several of the points mentioned above and particularly shows that a settlement with a corporation, which frequently acts like magic to cure these cases had no effect.

"April 17, 1903, Mrs. E. and her daughter, Mrs. B. met with a severe accident. They were driving about the city when their horse became frightened by getting tangled in a telephone wire which had dropped to the ground. The horse turned suddenly and in such a way as to throw Mrs. E. over her daughter who was driving, and she struck the rough road several feet from the buggy. After she was picked up she walked about half a block to another buggy and was taken to her home.

"The accident happened in the forenoon, and I was called to see her some time during the evening. I found her suffering with severe pain in left hip and left side of head and face. The hip was bruised and discolored half way down the thigh; there were also several bruised places about the face and head. I could not find any fractured bones either of hip or spine. She did not remember anything about the accident nor how it happened. She seemed to be in a stupor or semi-unconscious state but could be easily aroused and would then for a few minutes know those about her, but could not remember what she had said or heard. During her sickness she could not keep up conversation; would forget what she had said and would either repeat some or stop and catch her head with her hand and go off in a stupor.

"There seemed to be a complete loss of consciousness with marked symptoms of hysteria. These spells would last from one to two hours, and I have known them to last several hours. She would always complain of severe pain in head, ear and about the eye, always on left side. Any mental emotion or disturbance would always bring on an attack. A stranger or any person who was not a daily caller could not come in and stay more than a few minutes before she would have a spell. The pain in the hip, face, head and eye was almost constant; only more severe at times. About a month or six weeks after the accident she began to complain of loss of sight of her left eye. She did not however, lose the sight completely of this eye. After she had gotten over one of her attacks, the sight would always clear up till another attack would come on. She would often say, (If something would burst in my head or if I could pick out my eye the pain would leave me.)

"About eighteen months after the accident I was called very hurriedly by telephone, asking me to come at once, that Mrs. E. had a very severe hemorrhage from the nose, and that she was having one of those nervous attacks, this time a very severe one. I found her bleeding profusely from the left side of the nose near the junction of the ala nasi and the face. The blood did not come from the nasal cavity. Hemorrhage was easily controlled by direct pressure but would start again as soon as pressure was removed. These hemorrhages would come about twice or three times a week. A few weeks after the first hemorrhage from the nose, she commenced to bleed from the outer canthus of the left eye, but not as profusely as from the side of the nose. She would not always bleed from both places at the same time, that from the side of the nose was the more frequent and severe. These hemorrhages did not relieve the pain in head at all or make the nervous attacks less frequent or less

severe. She still has all her old symptoms but they are much milder and do not come on nearly so often. She has not lost any in weight and seems to be in fair health."

About a year after the accident the telephone company made a settlement with Mrs. E, to her entire satisfaction.

When I saw the patient about six months ago I found exaggerated deep reflexes, nervous breathing and a continuous introspection. There was no nervous paroxysm, such as Dr. Ernberg described during the examination. I found diminished field of vision. I should add that while Mrs. E. was well when this accident occurred, the history of her early life showed an unstable nervous system. There were no patches of anesthesia. To recapitulate the above, we have a young woman who showed some mild hysterical symptoms for a few years. After her marriage and during the period of child-bearing no mental or nervous symptoms appear. Her life is uneventful with no domestic or financial worry. Her daughter with whom she was riding on the day of her injury is married to a prosperous young physician of a neighboring city. Previous to the injury Mrs. E. did her household work and was well and happy.. The circumstances described by Dr. Engberg of the horse the ladies were driving becoming entangled in a telephone wire, taking fright and running away, throwing the ladies out, possesses the elements necessary to produce psychic trauma. A claim for damages against the telephone company was presented and promptly settled. The nervous paroxysms attended with pain, exaggerated tendon reflexes, diminished visual field, hemorrhage from the skin of the face and mucous surface of eyelid, and mental depression were in no way abated by settlement of damage claim although now somewhat less after about two years.

THE BORDERLAND OF NEURO-PSYCHOSES.*

C. C. GODDARD, M. D.

Professor of Psychiatry in the University of Kansas,
Leavenworth, Kansas.

Where is the point, in many nervous maladies, that a nervous trouble becomes a mental psychosis? This is a question that is hard to answer.

*Read before the Kansas Medical Society at Wichita, May, 1905.

There are no hard and fast lines of difference that we can go by; what in one would be, without question, mental alienation, in another the status of sanity exists.

A great deal depends upon education, environment, the individual; as all men are superstitious, and a portion much more so, we could not call in the very superstitious things, or ideas, delusions and hallucination that would be so called, without question, in another, but slightly inclined to the supernatural!

The religious individual, that believes in spiritual manifestations, might be acting well within his belief, whereas in the skeptical person, normally, without such belief, spiritual manifestations and visions are of grave import.

Perhaps the neurosis known as Neurasthenia presents, oftenest, the query, is he sane or insane? In my belief, for the time being, the neurasthenic is well over the border and has become a type of psychosis.

When any individual persists in ideas of obsession—and wants to go over and over his forebodings and can only see the dark side of life, that individual is mentally unbalanced. They are misleading to their physicians, families and friends, because, as those directly interested will say, "He seems to know everybody as well as ever and has a good memory, the only trouble is he wants to talk of nothing but his condition and of some mistake he has made, and sits and broods craving sympathy and we can not argue him out of it; otherwise he is perfectly sane."

Probably like the "Great White Plague" which hundreds have, get well, and never know they have been afflicted; so it is with neurasthenia, they have it, finally recover and in a great many instances have been insane, for a time, without realizing it.

Perhaps 'tis well that such is the case; but when one of these, so called sane individuals suddenly commits suicide or homicide; or makes futile attempts at the same, it bears a different aspect to the onlooker.

Hundreds of people go through life more or less mentally unbalanced having only the reputation of being extremely erratic; very sensitive, having queer ideas; these are borderland peculiarities and are types of neuro-psychoses.

Many an aborted Paranoic creates Hell in neighborhoods and families; is constantly quarreling with friends and neighbors; creating litigation on all trivial subjects of dispute and makes the living of a great many lawyers; imagines everyone is trying to annoy, rob, or smirch his reputation; all these are well over the border and can be put in the class of mental aberration.

Many a morbid religionist, going about not daring to smile; or see an amusing thing in life, carrying a visage of gloom; with a thorough pessimistic nature; fearing to offend and, thereby, be eternally damned by a God

that is supposed to stand for love; but by them is made to represent misery and sorrow; are, without a question, within the territory of mental alienation.

So many sane and insane travel the road of life together, making it difficult to distinguish one from the other—while peculiarities of ideation are propagated and handed down to future ages; until finally it is a question; is any fit to sit in judgement upon his fellow? For often the judge is crazier than the subject—still as an old saying has it “It takes a thief to catch a thief,” perhaps they are the best fitted to judge after all.

Hysteria is classed as a neurosis; but in many cases, if not in all, an attack of hysteria is, for the time being, a form of mental aberration—at least, all the objective qualities of the mind are in abeyance and some of the naughty subjective Ego are very manifest. Many cases of, so called, functional mental psychosis, where recovery attains, are due to the fact of a large element of hysteria and the patients, in many instances, often tiring of the play suddenly recover, almost miraculously, and stay recovered until the poison reaccumulates in the nervous system to cause another mental upset—so that take it all in all, many cases of this hysteria trouble, brought on by jealousy and morbid brooding over real and imaginary slights, causing terrible acts at times to be perpetrated, come well within the borderland and even across the line and the patient for the time being is insane.

Another and probably the most difficult to classify is the Moral Pervert; this type carry on all kinds of crime and deviltry deliberately ruin their parents, or relatives, without one blush of shame or a single thought of regret; steal, forge and perjure themselves without for an instant feeling that they have committed a wrong and go unpunished, if they fortunately are of a good family as is often the case, cannot legally be restrained of their liberty as unfit to manage their own affairs and yet they are fully cognizant of all this and take advantage of the fact, as they are shrewd enough to know that punishment should follow, but that they will escape as being really mentally irresponsible. These people in my opinion should be at once put into the classification of mentally unbalanced and fit subjects of restraint, or else be treated as mentally responsible and suffer for their sins. And so you see it comes to the question always, are you sane; am I sane; are those inside only insane; or are those outside asylums insane and those inside sane?

’Tis a vexing question and depends entirely from what point of view it is looked at. Since starting this paper I happened to take up one of the periodicals for April and found such a good, well written and able article upon this point, that I simply have incorporated a portion as a quotation and wish to give credit where it belongs; to Dr. Stephen Smith in an article published in Leslie’s Magazine for April 1905. “Who is insane?” is the title of the paper.

“My first impressions of the insane in asylums were, therefore, that they form

a community not very unlike the ordinary village. There are in each the quiet, sober, thoughtful; the active, the restless, excitable; the queer, peculiar, nondescript. "Is there any sure test by which to tell the sane from the insane?" inquired a student of the famous French alienist, Esquirol. "Please dine with me tomorrow at six o'clock," was the answer of the savant. The student complied. Two other guests were present one of whom was elegantly dressed and apparently highly educated, while the other was rather uncouth, noisy and extremely conceited. After dinner the pupil rose to take leave, and as he shook hands with his teacher he remarked: "The problem is very simple after all; the quiet, well dressed gentleman is certainly distinguished in some line, but the other is as certainly a lunatic and ought at once to be locked up." "You are wrong, my friend," replied Esquirol with a smile. "That quiet, well dressed man who talks so rationally has for years labored under the delusion that he is God, the Father; whereas the other man, whose exuberance and self conceit have surprised you, is M. Honore de Balzac, the greatest French writer of the day."

"The effect of a visit to an asylum and free conversation with the inmates, for two or three days, upon the visitor is peculiar. For my own part I could not divest myself of the impression that every one I met in the outside world was insane. Whether walking along the public street, or entering a passing car, or stopping at a hotel, I could not escape the conviction that I was still among the insane. Involuntarily, I endeavored to determine from what form of insanity everyone with whom I conversed was suffering. The more rational they appeared to be the more closely I questioned them, in the constant expectation of discovering the carefully concealed clue to their mental delinquencies. As never before, though quite unconsciously at the moment, I studied the peculiarities of each stranger and strove to detect in his or her features, dress, manners or acts, the latent evidences of an unsound mind. And, it is true, that I met with many persons in the outside world, active in its affairs, who on careful scrutiny, exhibited mental aberrations quite as distinct as did many of the inmates of the asylum. Especially was this true of perversions of the senses, as of seeing, hearing, smelling, tasting, touching.

"While in large numbers of cases the evidences of mental disturbance were readily recognized, in other cases the most careful and painstaking inquiry elicited no positive proof of an unsound mind.

"Who is insane, you or I?" was the startling question put to me as I walked along the hall, pencil and paper in hand. I was intently studying the peculiarities of others to determine the special features of their mental aberrations, but it had not occurred to me that, from the view point of the inmates of an asylum, I was myself a "suspect." I was not surprised at the first part of the question, "Who is insane?" for that was constantly uppermost in my mind. It was the entirely unexpected application of the inquiry to myself that created momentary mental confusion.

"My querist was a young lady who had been a prominent teacher in a seminary for young ladies. Her mobile features, quick movements, excited manner and rapid speech, indicated a highly organized nervous system.

"The mincing manner of her approach, the sarcastic smile and the attitude of expectancy which she assumed, her head being poised and the tip of her finger resting on her cheek, showed that she anticipated the embarrassment which her question might create. Other patients, who heard the question, quickly gathered about us all evidently intent on hearing my answer. At a loss for an explanation which would not offend so sensitive an audience, I hesitated a moment, and then replied: "Why you, of course, are insane." She slowly and thoughtfully repeated my words, and added in the same strain, 'You of course: why of course.' 'Do you see insanity in

my features?" Taking a small mirror from a stand, she moved it before her face saying: 'Will you be so kind as to teach me how to examine a person's face and discover what may be his mental condition?' She placed herself in different attitudes, holding the mirror in different positions, and making ludicrous grimaces, greatly to the amusement of the bystanders. She continued; 'If you will teach me your occult art, I should be delighted to be able to say to anyone I meet: Why, of course you are insane.' If I became as expert as you think you are, and had your assurance, I might even say to you, 'why of course you are insane.' "

" 'You altogether mistook the meaning of my reply to your question,' I said with as much composure as I could command. 'I did not and could not, decide as to your sanity or insanity by any peculiarity of your features, nor from anything noticeable in your personal appearance, for, in these respects, I see no difference between you and many whom I meet in the streets. It occurred to me, at the moment, that I should make no mistake in my answer if I said 'you, of course, are insane,' for this reason, the law provides that only insane persons shall be confined in asylums for the insane, while the sane are rigidly excluded. Now as between you and me, you are legally confined in this asylum, and I am legally excluded; therefore, when you called upon me for a decision as to 'Who is insane, you or I,' I could promptly and truthfully say, 'Why, you, of course, are insane.' "

" 'Ah, I see how you work the problem,' she said, 'In an asylum, insane; out of an asylum, sane; it's the same old story of the in and outs, with this difference, that the ins are anxious to get out and the outs are anxious not to get in.' Assuming a defiant attitude, she sneeringly said: 'This whole business of locking people in these prisons for life, because some fool of a doctor says they are insane, is a contemptible and transparent fraud. You admit that if you had met me in the streets, or in the cars, or in a hotel, you would have declared me sane, but happening to meet me in this asylum you can as promptly and truthfully pronounce me insane. On what a slender thread hangs our destiny.' She had propounded one of the most profound questions known to science and had made a declaration of immense social significance.

" 'Who is insane, you or I?' is a question which confronts us whenever we look into the eyes of our fellows. And, truly, on what a slender thread hangs our destiny, when we may be committed to an asylum for a lifetime because we differ in thought, word or action from another, whose mental integrity has never been gauged by any absolutely correct standard.

WHO THEN IS INSANE?

"No one, or everyone, according as we ask the question. No one in an asylum will admit that he or she is insane. Each in turn would resent such an insinuation. Certainly no one out of an asylum will assent to the charge of being insane. And yet, both parties readily recognize the insanity of others.

"In every community the private gossip is much concerned about those who are called 'strange,' 'peculiar,' 'deranged,' 'unbalanced,' 'lightheaded,' 'a little off,' 'out of gear,' 'wrong in the upper story,' 'cranks.' Few if any, escape for a life time one or the other of these epithets. Without, as within the asylum, no one recognizes his or her own mental deviations, but readily detects the mental aberrations of others."

In the world at large, every advanced thinker, enthusiastic reformer,

and popular teacher is almost certain to be classed with the insane. The friends of the Master said; "He is beside himself." St. Paul was declared "mad" by the highest judicial tribunal; Luther was charged with hallucinations; Napoleon had his guiding star; Byron was "erratic," Wilberforce and Garrison were "fanatics." "Genius is a neurosis," says a French authority, and Dryden wrote, "Great wit to madness nearly is allied."

"Who then is insane?" The simple answer of science is, "As his neurons are, so the man is."

And finally what is the true definition of the term insanity? The failure of alienists to formulate an acceptable definition of insanity for the profession and for the courts, suggests that, after all these years of progress, Shakespeare, with marvelous intuition, included and concluded the whole matter in two lines:—

"To define true madness
What is it, but to be nothing else but mad?"

HYPER-ACUTE MANIA.*

T. C. BIDDLE, M. D.

Superintendent State Hospital for the Insane,

Topeka, Kansas.

Hyper-acute Mania is considered under different names by different alienists. Mercier names the disease, Acute Delirious Mania; Spitzka, delirium grave; Defendorf, delirious mania; Berkley, delirium acutum; Bell, typho-mania; and Regis, hyper-acute mania. In this paper I shall conform to the Kraepelinian classification of mental diseases, and consider the disease as one of the forms of periodical, or Manic Depressive insanity. Digressing briefly from my subject, I will state that I accept the Kraepelin classification because it appeals to me as being the most satisfactory of the many classifications of mental disease. It is not faultless, but to me it is less objectionable than any other. Especially am I pleased with the teaching of Kraepelin, that the periodical insanities, including the several types of excitation, or manias, and retardation or melancholias, are all one and the

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same psychosis. I agree with Defendorf that hyper-acute mania, or as the author names it, delirious mania, is "the most extreme of the maniacal states."

In presenting the symptom-complex of this grave and fatal disease, I think I can do no better than to quote at length from Mercier:

"No other variety of insanity exhibits such extreme and continuous excitement as acute delirious mania. Even in acute insanity (mania) the patient has moments of tranquility; has snatches, perhaps prolonged periods of sleep; will occasionally answer questions intelligently; will regulate his conduct with some reference, however distorted to surrounding circumstances; will recognize friends; and will have some regard for the decencies of life. But in acute delirious mania, the alienation is more profound. The raving is continuous. It goes on incessantly, day and night. It is quite incoherent and meaningless, a torrent of unintelligible utterance, and as the vocal movements so are the other bodily movements. The restless activity is extreme and incessant; the patient (if not restrained) roams about with ceaseless restlessness. He is never still; he never lies down; he never sits down; he is always on his feet, always in movement. He neither eats nor sleeps; sometimes he will drink, sometimes not; but in any case he never eats voluntarily. The length of time that he goes entirely without sleep, is astonishing. Day after day, and night after night, he keeps up his incessant movements. You cannot engage his attention; he takes no notice when spoken to. He is indifferent whether he is dressed or naked. Heat and cold he does not notice; the call of nature he does not answer; his bladder becomes full, and over full, until the urine dribbles away.

"Withal his temperature is raised; it is seldom much raised, but it is two or three degrees above normal, and this feature alone distinguishes this from almost every other variety of insanity. Such excessive and continuous waste of tissue and of energy cannot endure long without producing exhaustion. After a few days of this extreme restlessness and sleeplessness, the patient is no longer able to remain on his feet; he sinks to the floor, but he continues to rave in a voice hoarse and well-nigh inaudible, from incessant use; still he continues to toss about his weary limbs; and when this stage is reached, the end is not far off. His mouth becomes dry, sordes accumulate on his lips and teeth, his heart's action fails, his pulse flutters, his breathing becomes a succession of sighs; but still he mutters in a hoarse whisper his unceasing babble, until at the end of seven or eight days, he dies of exhaustion."

The foregoing is a very correct picture of Hyper Acute Mania. As the disease progresses, a marked typhoid condition develops, as indicated by the decubitus, the dry parched tongue and lips, and accumulation of sordes, suggesting the name Typhomania, of Bell.

The disease affects both men and women, and usually those in the prime of life, from twenty to forty years. The disease is usually of sequence of grave, moral or physical disturbances. It has frequently followed various infectious diseases like pneumonia, typhoid fever, measles, rheumatism, influenza, and especially the puerual state. The gravity of the disease is attested by the fact that more than half the cases die within two weeks from its development; and a majority of the fatal case dies before the termination of the first week.

Fortunately the psychosis is not of frequent occurrence. During the past ten years I have seen in the insane hospital of the State, more than four thousand alienated persons. Of that number, while I have not the exact data, it is my belief that there have not been more than twenty-five cases of delirious mania.

Examples of the disease are comparatively more frequent in private practice than in insane hospitals, for the reason that the rapid development and course of the disease, prevents the removal of many cases to insane institutions. Pending the delay incident to the completion of arrangements for the commitment, the case has either proven fatal, or the impropriety of the movement becomes apparent. The fact of the relative frequency of the disease in private practice, has suggested the propriety of reading this paper before this society.

Demand is often made upon the physician to treat one of the most distressing and fatal diseases. Hyper-acute mania is nearly always preceded by a prodromal stage. The prominent symptom of this is depression with insomnia. After a few days of depressive phase, the maniacal symptoms appear, the agitation increases rapidly, usually within two or three days, perhaps within a few hours the disease reaches its maximum of intensity. The tongue becomes dry and parched; the fever rises; the pulse becomes rapid, (120 to 150); the temperature increases to 103 degrees to 105 degrees; the head is hot, eyes wild and conjunctive congested; the skin covered with viscuous perspiration. Salivation is often present, the patient spitting constantly. The marked elevation of temperature, together with the excessive agitation are the chief diagnostic features of Delirious Mania.

In simple acute mania, there is no considerable rise of temperature, or acceleration of heart beat. A case of extreme maniacal agitation, with rapidly rising temperature, is strongly suggestive. Fever is prominent in no other form of insanity, except following the congestive attack of paralytic dementia. Death in simple acute mania is extremely rare. In hyper-acute mania the prognosis is extremely grave. Berkley states that seventy five per cent die either during the state of excitement, or during the succeeding collapse stage. Mercier is misleading in the statement, "Acute Delirious mania is practically always fatal." My experience causes me to believe Berkley more nearly correct.

In treating a case of hyper-acute mania, the indications are to relieve and control the symptoms, and fortify the patient against exhaustion and collapse. The alimentary canal should be cleared at once with saline, or other efficient purge. The cerebral congestion is best relieved with ice cap; and the prolonged use of the temperate bath will control the muscular excitation better than any other treatment. I have observed patients in comparative quiet when remaining several hours immersed in the bath

tub. I have seen them sleep in the water when the insomnia had persisted against the most powerful hypnotics. Early and methodical feeding, usually by the stomach tube, must be resorted to in all cases. Milk, eggs and other concentrated foods should be administered persistently. Brandy in increasing doses, together with strychnia, should be given from the first indications of physical weakness.

With such a disease confronting the physician, where the indications all demand the conservation of all the endurance of the patient the impropriety of sending such a case on a long and tiresome journey to an Insane Hospital, is certainly apparent. I regret however, that I have not infrequently seen such mistakes. I have received such cases when they were already in the stage of collapse; and they have died within six to twenty four hours after admission. Add the exhaustion of a long journey to such a case, and death is almost certain to follow. Recognizing a case of hyperacute mania, the physician should keep it out of jail and away from long journeys, and begin at once a battle with death. The chances of victory are small, but if there is delay and unwise management, the chances of success rapidly disappear.

EXOPHTHALMIC GOITRE.*

S. S. GLASSCOCK, M. D.

Professor of Nervous Diseases in the University of Kansas.

Kansas City, Kansas.

Exophthalmic goitre was first described by Graves in 1835. Many theories have been advanced as to its cause; none of these theories, however, can account for the wide range of symptoms in this disease. Many have believed that it was an organic disease of the medulla oblongata. Autopsies have however, failed to find uniform lesions that would verify this contention. Diseases of the medulla from other causes, fail to produce the symptoms found in this disease. Filehne, by injuring the restiform bodies in rabbits, has been able to produce the three cardinal symptoms of this disease.

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Some have believed it to be an affection of the cervical sympathetic nerve. This, however, does not even explain the cardiac symptoms, and is therefore untenable.

What seems to be the most rational theory, is the thyroid theory first advanced by Moebius. According to this theory, the disease is due to an intoxication of the body by a morbid activity of the thyroid gland. The secretions of the thyroid enter the blood through the lymphatics. In exophthalmic goitre, the secretory cells of the thyroid are increased in number. Whether the secretions are normal in composition or whether they contain toxins we do not know. An excessive amount of material from the thyroid entering the blood, if continued, will no doubt produce some of the important symptoms of this disease and may produce a functional disturbance of the medulla oblongata; this in turn seems capable of producing all the symptoms of the disease. While this view of the disease is by no means proven, it seems to be the most rational one at this time.

Three important symptoms, at least two of which are rarely if ever absent in this disease, are: increased and accelerated action of the heart, exophthalmos and goitre. The pulse ranges from 80 to 160, and in rare cases to 200. No lesion of heart as result of this disease is found. Exophthalmos in one or both eyes—usually in both—is present in a large percent of these cases. The prominence of the eyes prevents the closing of the lids and is likely to cause ulceration of the cornea. The prominence of the eyes is due to a deposit of fat in the orbit and to increased diameter of the eye (Neumann) Grafe's symptom, consisting of an inability to move the upper lid with the eye, when looking forward, is an important symptom of this disease. The palpebral fissure is usually increased in width in this disease. Tremor is present in most of the cases. The most trivial things may cause the patient to become nervous and excited. Irritability of temper is not unusual. Excessive sweating, especially about the face and neck is observed in many cases. Gastro-intestinal disturbances, especially diarrhoea. Diarrhoea is present in about one-third of the cases. In some it amounts to looseness, in others we have from ten to thirty movements a day. The diarrhoea is no doubt due to the tonic effects of the increased thyroid secretions.

The disease is usually chronic in its course and may last for years, with variations in its severity at times. Complete recovery occurs in some cases. The proportion of recoveries is difficult to estimate, as there seems to be a great variation among different observers. Four or five years is not an uncommon course, and it may last for twenty years. Death usually occurs as the result of heart failure.

In the treatment of this disease, unless we accept the theory that the enlarged gland secretes an increased amount of material that is probably

toxic in its effects on the system, we have really no rational ground on which to base our treatment. To control the heart's action, strophanthus in 10 minim doses is probably our best drug. The galvanic current in the strength of from 3 to 5 milliamperes is of great value in controlling the heart. The galvanic current not only does this, but it also has a beneficial effect on the nervous system and tends to improve the general condition of the patient. As the sympathetic nervous system is an important element in this disease it naturally follows that everything that disturbs the emotions should be avoided. Excitement and cares of all kinds must, for the time being be removed from the life of the patient when possible to do so. Rest and quiet are very essential in the treatment of these cases. No special treatment should be directed to the eyes. It is doubtful if anything can be done to directly effect the thyroid gland. The diet should be nutritious and easily digested. Oxygen is needed to improve the condition of the blood. To secure this the room should be well ventilated, and systematic breathing exercises will be found to be valuable in this disease. For the purpose of elimination, the skin and kidneys should be kept in a normal condition. Iron and the bitter tonics are useful in repairing waste. In endeavoring to correct the diarrhoea in a case under my care I made use of 80 gr. of subn. bismuth every three hours. I found that it not only controlled the diarrhoea but also controlled the heart action, and when the patient was using the bismuth, there was a general improvement of the case in every respect. When I discontinued the bismuth, the case ceased to improve. By its continual use, the patient has practically recovered. Of course I am unable to conclude from this one case that bismuth will be found useful in these cases except where diarrhoea is present, but believe it worthy of a trial. A milk diet from goats that have had the thyroid removed has been highly spoken of and seems to have produced favorable results. When a reasonable effort at treatment medically has been tried, or even before, surgery seems to offer encouragement in these cases. The gland should not all be removed, but half or less should be left. Part of the gland remaining overcomes the evil effects that follow total extirpation. If the vessels furnishing the blood supply be ligated before the gland is removed the operation is not a bloody one.

I now have under my observation a case operated on by Dr. Geo. M. Gray in which the symptoms rapidly improved following the operation. The pulse rate within three weeks was reduced from 130 to 80. The ability to close the eyes is returning, and the patient is in every respect improved. The operation, when done by a careful and competent surgeon does not seem to be as dangerous as we have been led in the past to believe.

DISCUSSION OF THE FOREGOING PAPERS.

DR. UHLS. You may know very well that I have much of a task before me to discuss all these papers. I don't remember of an occasion when one man was imposed upon to this extent. However, a fellow can say a few things about many papers rather than much on one paper. Certain ones of them do not appeal to me as being as much in my line as others; for instance, the paper on "Exophthalmic Goiter." In the institution with which I am connected we have 1269 patients, and there is no one of this number afflicted with this disease. In the eight years I have been connected with that institution there have not been more than three people brought in showing exophthalmic goiter of any prominence. I have had some little experience in private practice with this class of cases. We know that there is some connection between this disease and mental disturbance, but the exceptionally small per cent of these cases found in our insane hospitals would seem to indicate that the connection was no very close one. This class of cases belongs to the general practitioner, rather than the specialist.

"Hyper-acute mania." This is a condition that for a man associated with the state insane hospital is not so very common, however, it occurs with more or less frequency. It is of common enough occurrence so that the attention of all about the offices are attracted by the noise and disturbance caused by the arrival of a cab, and the attempt of the sheriff and assistants to take therefrom an excited, noisy individual who resists every effort to control him. We recognize, almost intuitively, such a case as hyper-acute mania. I think Dr. Biddle has told us very clearly and forcibly how we may recognize such a case, and I doubt if it is possible to confound this phase or type with any other class of patients. As the doctor says, the patient is incessantly moving, until he dies. However, I do believe that a few recover; I do not understand this to be anything more than an unusual acute mania. I suppose that there are here from 125 to 150 doctors, each having a somewhat different definition for insanity, but I believe that there are a few forms or types of insanity about which there is no dispute, and hyper-acute mania is one of them. When we receive a patient like this, there is one rule which governs us, and that is that he must be kept as quiet as possible. If necessary, he must be restrained in such a manner that he cannot move. Each new case is a surprise to us in a way, and may tax our ingenuity to the utmost to handle. We give the hot bath, and administer drugs, yet he keeps on raving. Then we fill that stomach, and keep it as full as we can with good rich egg milk, with such medicine as we wish to administer. I think it is said that about 2 per cent of cases of hyper-acute mania recover. Do not believe we are justified in saying that patient can't get well; however a distressingly large number do die. The general practitioner probably sees more of these cases than the specialist, for the reason that they are not in a condition to be taken to an institution; therefore people at asylums have comparatively little to do with this class of cases. Cases are easily diagnosed, and are best treated by absolute quiet, support by rich, liquid food, and induce sleep if possible by the hot bath.

The case of "Railway Injury" was a very interesting case, and one which I shall not attempt to discuss. However, there is enough in this case to set every one of us thinking. We are called to sit in judgment upon these cases, and the word of the physician will be taken, whether it be in a suit for damages or not. What a bearing hereditary influences may have had upon the case, whether they were such that we might expect this trouble, and how much the injury had to do with the present condition, are questions which confront us. In insanity cases we often see

scars on the head and various parts of the body, the result of the kick of a horse, blows, etc., and friends will explain that his insanity was caused by these various injuries. It is well to think about these things, as having a bearing upon the case, but I am sure that more importance is attached to traumatic insanity or traumatic trouble than really belongs to it. I had an experience not long ago in looking after some poor fellows injured in a wreck. A man tapped me on the shoulder and said, "I was in the sleeper, and there is a fellow in there who says he is going to try for damages." He was not in the least injured, and had gotten out, and after seeing that the danger was over, had actually gone back and lain down in the sleeper, feigning injury in order to get damages—this seems to be in the hearts of some people. It is well for us to know of these things to put us on our guard against misrepresentation and fraud. In this case reported by the doctor, I have not any doubt but that much of the mental and nervous trouble was the result of injury and shock upon a peculiarly nervous disposition. I do not think that the injury received by that patient would have had the same effect upon every individual—much depends upon the individual make-up.

In regard to "Traumatic Neuroses," by Dr. Lindsay, anything I might say about one paper might be said of the other—we might express an opinion, yet it might not have much weight.

"The Borderland in Mental and Nervous Diseases." It seems a sad thing to me that we cannot get nearer together on what is sanity and insanity. Not long ago I read an article on this subject, and became intensely interested. I thought the author was going to tell us something. He told a great many peculiar and striking things that happened—any man caring for the insane could do this. The article was beautifully written, but he did not give us any advice or teaching. Some years ago while acting in capacity of receiving physician for Dr. Biddle, the sheriff brought two ladies to the asylum. He said to me, "I have a patient and an attendant out here, and I defy you to tell which one is the patient and which the attendant." I thought then I knew a good deal about insanity, and walked out with all the confidence imaginable. There were two ladies in the cab, one about forty years of age, I imagined. I began asking questions, trying to be as natural as I could. I noticed that both answered promptly and reasonably. I could not tell which answered better. My confidence began to give away. I tried very hard to detect any difference in their mental makeup. The sheriff remarked, "I knew you could not do it." I could not tell myself which was the patient and which the attendant until it was explained to me. Now this lady believes that she is to be Empress of America as soon as Cleveland's time is out. She never says a word unreasonable unless touching upon this certain topic." This is one of the queerest cases I remember ever having seen. There lives about ten miles west of our country town, a successful farmer, respected in his neighborhood, good to his wife and children, a good neighbor and a good provider. Yet he has a very marked delusion—nothing could induce him to leave that farm and go into town. In regard to a definition for insanity, we say if a man is capable of adjusting himself to his surroundings, and does not interfere with the rights of others he is sane. It is a very difficult thing, this locating a man "on the borderland," and harder than you think unless you have had experience in it. We are peculiar—if that peculiarity does not make of us a nuisance, we ought to be called sane. Two friends of mine who love getting a joke on me, got hold of a journal, published in Iowa, containing an article treating on this particular point, "Who is sane, and Who is insane?" They had erased the name of the author of the article. I read and began to exclaim "That's right! that's true! I believe that!" The gentleman went on and made it out that we were all insane. Any deviation might be termed insanity, if marked

enough for people to remark about. Then my friends laughingly told me who wrote the article. He used to teach school in Iowa, then afterward went to Kansas. I didn't believe all he said. When we see so much stinginess, crankiness, and peculiarities of various kinds, we get ourselves all tangled up, and might inadvertently, throw ourselves on the wrong side of the fence.

DR. DAVIS.—I will not attempt to discuss these papers from the standpoint of the specialist, as that is not in my line. I was particularly interested in Dr. Goddard's paper. It seems to me to fairly sparkle, glimmer and bubble over with gems of thought, and changing fires of genius, and genius you know, as the doctor said in his paper, is, in one sense, a form of insanity. I am not quite clear in my mind as to just where the line is to be drawn between sanity and insanity; and one feature in the paper which struck me was that the doctor himself was not quite clear upon this point. The fact that people have delusions is not sufficient evidence of insanity. A definition of a delusion might be: "A delusion is that belief which is contrary to our belief." Some people instead of being insane, are simply possessed with a devil from their birth. It is not proper to deprive one of his liberty because he commenced wrong, unless showing evidence of danger to his community. Roosevelt when recently applied to for pardon for a criminal under sentence on the ground of insanity, it seems to me, disposed of the question in a sensible manner when he said that he would not pardon anyone on the ground of insanity, who, if case had been presented to the jury, that jury was not convinced of insanity. Some persons are never discovered to be insane until found guilty of some crime—and it remains for his lawyer to make this discovery. Some papers are practical; others are like pictures, to be hung on the walls to divert our minds. The doctor's paper is both interesting and diverting, but it seems to me that it lacks that practical emphasis that would set us right on an obscure question like this.

DR. MUNN spoke of the ease with which some individuals develop various symptoms—especially with a damage suit in sight: and that they were usually able to find some doctor who was willing to go on the stand and testify that the present trouble was due to shock, always to the spinal cord, or that the trouble lay in some small center of the brain. These doctors reason subjectively, they are in the habit of taking the patients' word for everything. If a man has a broken leg you can see it; but he does not have to have anything that you can see, in order to get up a damage suit. If the profession would only remember that an injury to a nerve center will surely show some definite symptom, much less confusion would result in determining these cases. The patient says he can't walk, or that he can't see. If he can't walk or can't see there must be some positive evidence of it. Dr. Lindsay's case was hysterical, he says himself it was hysterical; these may develop a line of symptoms which will last through life.

DR. BIDDLE.—I have been especially interested in these cases of traumatic neuroses, and particularly so in that feature of Dr. Lindsay's case as to hemorrhage. I would like to ask Dr. Lindsay to tell us more of the cause of that hemorrhage, to give us his ideas as to what produced it.

DR. LINDSAY:—I believe the condition a vascular disorder; that motor disturbance makes such irregularity in the circulation of the blood as to cause undue pressure, and I believe that this is merely an expression of that condition which is seen, not only in hemorrhages in different parts of the body, but also in increased functioning of certain parts of the brain.

DR. BIDDLE:—Was examination of the blood made?

DR. LINDSAY:—No blood count was made, and so far as I know there was no appearance of anaemia.

DR. BIDDLE:—I remember some years ago, having a case of leucocythemia in which there was a bleeding point on the face similar to the one which the doctor has described. Osler in his work tells of three fatal case of traumatic neuroses in his experience. He argues that not all of these cases are merely functional, but that they may be organic. He also emphasizes that disturbance of the bladder function is a symptom indicative of organic change in the nerve cells. There were present in these fatal cases symptoms that were unquestionably hysterical and neurasthenic in character. I like the combined terms given, "traumatic neuroses," because there are present in nearly all of these cases, a symptom complex of neurasthenia, headache, restlessness, intolerance of noise, and insomnia; while again we may have sensory disturbances, and the like, which appear prominently in hysteria. In all these cases we usually find both symptoms of hysteria and neurasthenia. But not all of these cases recover, even after the settlement of damage suits, or if they do recover, it is very much delayed. Some progress to a fatal termination.

Dr. Goddard's paper was very interesting. What is a delusion, is a problem. A delusion is defined as "A false belief," but that will not do, because there are many false beliefs that are not delusions. Not many years ago the people down at Salem were hanging their citizens for being witches. That certainly was a delusion and a false belief, yet not an insane one. There are delusions and insane delusions. An insane delusion is a delusion based upon a pathological condition in the brain, and it can usually be associated with additional evidence of mental aberration. Many have delusions, but not often as in the case of the farmer which Dr. Uhls mentions. Occasionally we find these exceptional cases. I believe in the vast majority of cases; of insanity, where the case has reached that point, a reasonable judgment will be able to place it, whether on the one side of "the borderland" or the other. For this reason I do not think that Dr. Goddard's paper was strictly "ornamental."

DR. GODDARD brought out the thought that it was about time for the profession to awaken to the fact that there might be something in "traumatic neuroses," more than that which might exist in the imagination of the complainant. Many will say, "Oh, its nothing but hysteria, or neurasthenia." "Well, Great Scott!" said the doctor "isn't it worth something too be knocked into hysteria or neurasthenia or something else, or must they just take it and say nothing!" He also emphasized the importance of the so called "delayed symptoms," which were often lost sight of, and which were produced by a progressive degeneration of nerve fibers from periphery to center; that these might be delayed for months before exhibition of the various nervous phenomena, hemianaesthesia, loss of control of sphincters, etc. These need not necessarily originate from a central lesion, but may extend to the center from the periphery, due to a progressive degeneration of nerve fibers. He spoke of the existence of malingerers and fakirs, but emphasized the point that he would not turn aside as such all those who could not exhibit a definite lesion; that many individuals, through hereditary stigmata, were unable to withstand certain conditions and influences to the extent that others might, who were more fortunately constituted; and that many times the question resolved itself into this: whether the corporation must pay them, or whether the individual must suffer for their unfortunate make-up.

DR. GLASSCOCK;—Anyone having an opportunity for observing these cases realizes fully that there are a great many fakes among them. Go into any court, and

a large part of the dockets are made up of damage suits, and in quite a large per cent of them there is absolutely nothing wrong, excepting that the individual wants some money. While a man might take this side of the question from the corporation's standpoint, yet, we must also look at it from the other side. There are many cases of traumatic neuroses, but, as has been said, you must have the condition pre-existing in the individual before you can get this condition. There are those who can pass through the most terrible experiences, of disasters, wrecks, etc., and come out with their nervous system intact; while many others cannot endure anything like as much, without leaving its life long mark. Traumatic epilepsy and traumatic neurasthenia we know that these conditions do exist. Sometimes a physician's prejudices are made so evident in these damage cases, that the jurymen don't believe very much of his testimony. The trouble with our "experts" at present is that they are "expert" only on the side for which they are employed. What we should bear in mind is the fundamental principle involved. We, as physicians, should know from a careful and unbiased survey of the case, whether or not the condition really exists, and then testify to the truth, regardless of corporation or individual interests, and not until then will the jurymen believe our testimony. Speaking of the symptoms disappearing as soon as damages are secured, this may very easily be explained. Take the case of a neurasthenic: tell him that his nerves are affected; tell him that he has disturbance of the brain or spine, involvement of the lungs, heart, etc., and keep this up constantly day after day and week after week, and you will produce a condition which is at least very depressing, and as long as these things are kept before his mind, just so long will the condition continue. When the suit is over you have the impression removed from the mind to such an extent that the individual naturally gets better. It is not the fault of the patient; he hears recounted day after day and week after week, his injuries and various symptoms, of whatever kind they may be, until added to his actual ills he has all sorts of imaginary ones, from which he recovers only when the causative factor is removed.

THE NEWSPAPER'S VIEW OF IT.

From the TOPEKA DAILY CAPITAL, May 25, 1905.

A new profession has been discovered by Theodore Waters, a writer in Pearson's Magazine, which he calls the profession of getting hurt. From his story, it is of wide extent and has an alarming number of practitioners, Texas, as is well known, being overrun with them. Mr. Waters quotes Vice-President Markham of the Southern Pacific Road as saying:

"In ten years the amount paid by Texas Railroads for personal injuries has grown from \$295,000 to \$1,765,000. The rich pickings from the damage suit business is attracting a horde of lawyers to the damage suit centers, such as, Houston and San Antonio, and the result is that they are turning their attention to others besides the railroads.

But Texans are not alone in developing "the damage suit business" into a science. Chicago is a hot bed of the industry, and it extends to many other localities. Here is a sample of the instances cited by Mr. Waters in his magazine article:

"A Chicago jury has found Inga Hanson guilty of perjury. She claimed to have been rendered deaf, dumb and paralyzed through being knocked down and dragged by a trolley car."—Chicago News Dispatch.

"A Marceline, Mo., man has just confessed that he purposely lost his leg by thrusting it under the wheels of a Texas and Pacific Railroad train, for which he recovered \$3,000 damages."—News Dispatch from Austin, Texas.

"A Philadelphia woman has just completed a sentence in jail for teaching her children to injure themselves in trolley cars so that she might claim damages."—From letter to author.

"A New York accident insurance company has just refused to pay damages to a man for the malady known as synovitis because he was found to have produced the effect of the disease by sand papering his knee and applying a fly blister thereto."—Statement made to author by company.

"The city of Chicago is groaning under the burden of personal injury suits. Over twenty-six hundred suits are now pending against the city, and many of these bear the earmarks of fraud."—William S. Kies, assistant city attorney.

As nearly all these grafts are aimed at corporations they can be discouraged by a policy of uncompromising war, corporations standing together to resist unjust claims in the courts and following them up by actions for fraud, conspiracy and perjury. It is an expensive way of protecting themselves, but it is the surest in the end. Another thing that the victims of this new profession can do is to make uncompromising war of extermination against snitches in the legal profession, by a systematic plan of disbarment proceedings. In this effort to purify the legal profession the corporations ought to be able to rely on the aid of the bar and the courts.

[We are indebted to Dr. Harper, of Topeka, for this clipping.—ED.]

PSYCHICS IN THE PRACTICE OF MEDICINE.*

P. S MITCHELL, M. D.

Iola, Kansas.

In reviewing the history of the art of healing from the dawn of its existence to the present day it must appeal to the observer that attending its entire course there is a phenomenon generally misunderstood and misappropriated. When a man reached the place of mentality where he became conscious of his being, his origin and existence became a mystery to him. Sensations of pain and conditions out of the ordinary were attributed to some cause, usually to the mysterious; in other words when man became conscious he became credulous. In the early history we find sin and the devil as the supposed cause of disease. Witches who threw spells over individuals were common. Epileptics were inhabited periodically by the devil and as a result the good spirit was invoked as a means of cure. Later, animals and birds according to their species were considered unlucky and

*Read before the Kansas Medical Society at Wichita, May, 1905.

the cause of disease and death. The animal was killed, the patient frequently recovered. Still later, disease was considered subtle, lurking spirit-like entity inhabiting the blood, and a mysterious curative power was accorded to finely concocted mixtures which were given with results that were heralded as miraculous. Off from this "philosophy" have branched the various so-called systems of healing; and never in any period have the various "pathies" and cults developed more rapidly than in our own time.

To one not studying these facts critically, systems of healing appear to be merely systems and right in their place; likewise to the lay mind especially do the various nervous manifestations attendant upon disease seem mysterious and even dangerous. These symptoms are treated with the greatest respect and furnish food for family and neighborhood conversation during many succeeding days. To the majority of physicians they appear to be absolutely of no consequence; are considered "simply hysterical" and carelessly passed by; while others adopt the opposite extreme and prescribe a drug for every symptom. Because of this attitude, faith and magnetic healers, christian scientists, irregulars, and charlatans with all manner of impositions are flourishing everywhere. The individual has been to his family physician time and again, he changes to another, and still to another, with the result that the symptom which troubles him most still remains. The doctor laughs at it and says it will pass off. The patient goes to a healer who concentrates all his attention to that one little symptom. Then the wonder why the cults are growing. So is it not time to awake and see the facts as they are?

The breadth of my subject will not permit in such a paper a detailed discussion of the physiology of the human nervous system, therefore I shall touch only such points as will make my subject clear.

Whether the controlling force in man which we call the mind, is a chemico-physiological energy emanating from the brain and nerve centers, or whether the mind is a being which inhabits these places, is a matter for some discussion. As I view it, mind is a product. Loeb has proven beyond a doubt in the lower form that we may obtain reflex action in organic tissue (though much retarded) from which the nervous system was removed. We must then conclude that a nervous system is not essential to impulses but only facilitates them. A nerve and ganglionic tissue varies only in quantity and not in quality from other tissues (all being protoplasm). It follows that the nervous system grows for a helper to impulses as the demands require. As impulses are repeated, a ganglionic center or perhaps even a nerve cell develops as a necessity, to originate impulses. Impulses become related and these cells associated thus we have a memory, reason and judgment. So the mental power of man is a product evidently originated in the brain and nerve centers.

The conscious, intellectual part is a complex highly developed reflex action having for its habitation for the most part probably the cerebrum. This for convenience sake, because it rules all and is conscious of itself and all else, we call the conscious mind. Then situated in brain, cord and other parts of the body are ganglia or nerve centers, off from which emanate the power of individual control of parts and organs. These we often term reflex centers, which is a very good term. We might call them vital centers, for the power or mind emanating from each of these performs the duty in aggregate of maintaining or perpetuating life. So this multiplicity of minds for convenience I call the sub-conscious—a term borrowed from some of our psychological brethren. The multiplicity and complexity of the subconscious mind like that of its anatomical abode makes it possible for local influences to greatly disturb its equilibrium.

Herein lies the seat of my subject. When influences are brought to bear in such a way as to disturb the normal course of any one or more controlling powers of the subconscious mind symptoms of irritation are manifested. This disturbance may be due to mental influence through the conscious mind, trauma, toxins and possibly to simple degeneration. It may be of any degree and acute or chronic in course. It may be present in any organic disease or accompany the same and it may resemble any disease known. It was this subtle phenomenon that permitted the healer of old to lay hands upon the afflicted and obtain good results; it was this that gave the savage medicine man with weird incantations his influence; it was this that made the witch feared; it was this that made it possible for Mrs. Eddy to make her millions; Dowie to rule the minds of thousands; magnetic healers to flourish; osteopaths to enter good homes; and last, but not least, it was this that made it possible for our own noble, honest and learned profession to be cut asunder and divisions arise concerning the cause and cure of disease. Each strives to find a theory that will cover the entire field of the cause of human ailments and each forgets the effect of the subconscious controlling force on the vitality—a force which will modify all physical laws. They all forget that in every disease however purely organic, the psychic force has a marked influence in its course and termination. This influence may emanate from the intellectual mind originally, as when brooding or startling news causes the hair to turn white, or continual excitement and excessive imagination causes the various so-called neurasthenias, etc. This result may also be due to organic influences, as toxins; for instance in an individual recovering from a severe attack of typhoid fever, and becoming physically well the vital centers have been intoxicated so long that they refuse to return to their normal function and we again have a series of so called “nervousness.” The psychic symptoms due to trauma are

many times varied, as for instance, shock due to a blow to the solar plexus; rigors and convulsions form injuries of various sorts, and perhaps more characteristically marked in the sexual organs. In this class we find the nervous and bloodless young man who from irritation of the nerves centers by excessive masturbation has had palpitation; or a woman from over indulgence, has convulsions; and still other women who after a series of labors find themselves nervous wrecks. Likewise in the virgin we find distorted nerve functions as a result of uterine irritation. This most universal set of symptoms in the female handed down into classical medical literature under the term of hysteria, forms food for much discussion, but these seem to me to have come as a result of displaced sexual organs. When humanity rose from all fours perhaps no organs were affected by the change as was the uterus. Rising from an angle of 45 degrees below the horizontal to 45 degrees above, the uterus was practically inverted. This no doubt caused the cyclic hemorrhage. This hemorrhage with its concomitant disturbances, the dragging pressure of the ovaries, and the inclination of the to flow down the vaginal channel, doubtless is the source of much irritation to the subconscious centers, thereby laying the foundation for that psychic disturbance which we call hysteria. A careful observer even outside the medical profession will note the effect of influences (usually mental) upon the subconscious mind which has control of the real being of man. This the fearless Edward Bok in the Ladies' Home Journal has laid bare in an article on what he terms the diabolical medical craze in woman.

The suggestion of some dreaded malady as printed upon the label of a patent medicine has made the impression upon the unsuspecting woman's mind, that she is infested with the same and so she purchases a bottle at once. Likewise in C. Hering's *Materia Medica*, a standard work in Homeopathic therapeutics, and written by a scholarly man, we find over 11,000 symptoms proving from sulphur. Such of these as were more than mere coincident feelings that any one might have, were those manifested by suggestions from the conscious mind. And thus we find the power of suggestion in every phase of life. No wonder men who are inclined to look at things through a funnel have built up a system of cure on the power of suggestion. We even find it in our own profession to a marked extent. The busy practitioner will sit down, read an article or a reprint on the splendid effects of some medicine, prescribe it with likewise good results and ever afterwards consider it a specific in that disease, never once thinking that the results might have been a coincident or due to the psychic impression. He buys the medicines recommended by pharmaceutical houses already bottled; often with large labels similar to those on commercial products telling the dosage and indications for administering. By so doing the physician prescribes what in principle is little better than a patent medi-

cine. We abuse the theories of Homeopathy, Eclecticisim, Osteopathy, etc, and at the same time the pharmaceutical houses are prescribing, and we, dispensing on a small commission. The patient recovers on suggestion and all are deluded except the drug houses. Thus busy Dr. Dupe rushes in, makes a hurried diagnosis, says to himself that the European Drug Co. recommends Elixir Condolation for these conditions, he pours it out with an air of importance, repeats what Mr. Pharmmaceutical House tells him and goes home. In a few days the two dupes meet, Dr. Dupe tells Mr. Dupe what a surprising cure it was and both really think so, when in fact a little water might have done the same. On the other hand Dr. Dupe may return the next day and find his patient worse, and so prescribe and continue to prescribedrugs for other drug symptoms. This is really but a little better than selling patent medicines or practicing Christian Science. The patent medicine companies have the druggists for their media who are ignorant of the drugs, and similiarly the pharmaceutical houses have the doctors for their media who are also ignorant of the composition of the drugs used.

The Christian Scientist follows his theory of cure, and the cult is perpetuated because results are obtained. Physicians likewise chase materialistic theories and prescribe very frequently on as groundless a basis, yet the patient recovers. How has the Homeopathic physician with his incalculable dilutions held his position in the family practice? It is by the combined impression made upon the patient by the supposed wonderful power in the small tasteless dose, the doctor's dogged confidence in it and himself; besides the great virtue of harmlessness in the drug. No less a person than William Osler once said "Faith will enable a spoonful of water or a bread pill to do almost miracles of healing when the best of medicines have been given up in despair." What is this faith? It is the auto-suggestion to the sub-conscious control. Thus we see wherein lies the secret of success in the various systems. Aside from the psychic effect on the sub-conscious mind a vast majority of the diseases would recover as well without the drugs as with them and probaby much better.

To what use then shall we apply our knowledge of this influence in human life? Shall we climb down from the lofty scientific plains of the masters in medicine and follow a system of psychic cure? Never! There is where all who have attempted it have made a mistake. Dr. Angell in talking to a body of students at the University of Chicago recently said, "Christian Scientists have stepped in and made irrational cures while physicians were chasing after equally as irrational materialistic theories." So doctors should be broad and attempt to be evenly balanced on these questions.

First and foremost after his preliminary branches are thoroughly mastered the physician should completely familiarize himself with diagnosis.

Not only should he be able to tell lupus from epithelioma, but he should learn to know what symptoms are due to organic disease directly and what ones were due to a disturbance of the control centers. He should know whether a rapid heart meant cardiac insufficiency or the result of some psychic effect on the cardiac centers. He should learn to tell a true pain of tabes from a neurasthenic pain. He should be able to tell a case with vomiting, profuse light colored urine, coated tongue, etc, of psychic disturbance, from one of nephritis.

So we might continue indefinitely; for the symptoms of the markedly psychic individual may stimulate any organic disease. Our work has just now begun. In the so-called neurotic, or as I prefer to call them the psychic, the greatest of tact must be used. For here are the cases that build christian science temples and perpetuate the cults and charlatanism. These are the people that must be protected against themselves. Some must travel, others be given work to do. Some must be given rest. Righteous indignation may be practiced with some; while with others kindness. Cheerful surroundings should always be had. Many may be told that they need no medicine while with others placebos must be used as a suggestion to the disturbed vital centers. If organic disease or malformation exists, they should be corrected by such methods as will cure.

Above all in these so-called neurotic cases we must avoid drugs and we shall lessen the spread of cults and creed healings. Nor must we stop with these cases. Professor Angell modified the remarks quoted above by saying that Christian Scientists and like cults only made cures where there were mental or nervous disturbances and never where there was a true organic disease. I would even go a step farther and say organic disease can very often be improved if proper psychic influence is brought to bear upon the sub-conscious mind or vital centers. The effect that auto-suggestion and psychic influence has upon the body organs at times is almost beyond our comprehension. Why should we pass the facts lightly by, allow charlatans and ignoramuses to reap the benefit, promote the spreading of their false theories and thereby degrade rather than elevate mankind? I have seen a person with malignant sarcoma actually improve and gain flesh for a period by simply calling in an optimistic physician of a different opinion. I have seen consumptives improve under similar circumstances. These are examples which could not be modified by drugs or coincidence. So perhaps every doctor could mention one or more similar cases which to their chagrin were cured by the impression made upon the subconscious centers, yet styled something else.

Then, first: place the patient in such a condition as to enable nature to have her best chances; by this I mean diet, rest, exercise or sweating, etc., as the case may indicate. Have cheerful surroundings and use such means

as may have the proper influence upon the subconscious centers, which influence as a rule must reach those centers by way of the intellect. When the indication for drugs is present they should be prescribed carefully and given radically if required. If surgery is indicated use the knife. On the other hand, if there is the slightest uncertainty of the diagnosis or need of drugs, have the courage to give none and you will be amply rewarded for your patience. The tendency of acute disease is to increase or grow worse till some chemical reaction takes place between the toxins and the blood which retards or cuts short the disease. Until we can duplicate this process artificially we shall have but with few exceptions no specific medication for acute disease, nor any that will materially modify its course. Then till you have reasons for giving medicines prescribe none. Give the patient a chance by righting his mode of life and clearing his subconscious mind. Be cheerful and firm, dignified and self-confident to such extent as becomes your profession. Careful, systematic, prescribing of drugs may be often indicated, yet is often used I fear when unnecessary and really harmful. Note carefully your own little experiences, study them to their root and many things will unfold.

I am offering no new theory, ism or pathy but on the contrary my aim is to avoid the same; upon careful diagnosis I insist, as well as careful prescribing when needed but the giving of drugs for every symptom or case because an ailment is present I abhor. The fact that we give medicines for a vast majority of diseases and proclaim them as specifics shows our ignorance and carelessness, for most will recover naturally. Then in such cases it is better that the patient recover without the drug than with it. When the medical profession learns to its fullest extent the important role which psychic influence plays then pathies and isms will dwindle, the promotion of cults will cease, the makers of patent medicines will no longer rest on flowery beds of ease, life will be prolonged and more lives saved, honorable and scientific pharmaceutical houses will be perpetuated, those making mixtures merely to sell will fail, a higher standard of practice will prevail and a correspondingly smaller number enter the profession. The greatest benefit and uplift of mankind will have been attained and the highest aims and greatest hopes of a united profession realized.

DR. DAVIS.—The doctor has well explained something that may have seemed mysterious. There has always been a tacit belief, more or less general, that some of these "sects" or "cults" did accomplish cures as represented, but there has not been a general acceptance of the fact by the regular medical profession. There has been too much derision, too little investigation, as to whether or not there is a real physical basis for their claims. The representations which they have made may have been fraudulent, and yet their good results have oft times been evident. Their motives may have been honest, but their results have been surprising. The fact that they have gained popularity and adherents has finally aroused us, and led us to inquire if there is not a legitimate and

rational basis for the use of the psychic in medicine. And stripping all the elements of their false claims, and reducing the problem to its lowest terms, we find it rests upon a fundamental principle which the profession has come to accept—namely, that there is at the bottom of all our therapeutic efforts a necessary acknowledgement of the importance of the effect of the mind upon the body. Create a strong impression on the mind of the patient, with a firm and definite suggestive force, and we have thereby greatly augmented the usefulness of our agents, whatever they may be. Medicine has been oscillating of recent years, between various extremes of practice. On the one hand are those who have become so sceptical of medicinal agents that they have thrown them all into the ditch and resorted to surgery; and on the other hand are those who are constantly searching in the woods, air and field to find something with which to drive out disease. Then there are still others who are nihilists, who say that this matter of disease is all in the mind; that if we can create a proper state of mind, etc., we can cure the disease. Then there are yet others who expect to smoke out the disease as we do vermin, with a root, herb, or a chemical—who work as if by the philosophers stone, seeking to transform by a drug, disease into health. But from them all we should elect that happy medium of the conservative in medicine; and happy the man who happily combines all these in his practice; who does not lose faith in drugs, nor trust altogether to suggestion, but uses suggestion, in its various forms, without its being labeled as suggestion. A cheerful countenance, a hopeful manner in dealing with patients, confident treatment—the very air and bearing of the physician toward the patient—all these have influences in bringing about desired results, and overcoming disease.

DR. G. W. JONES, of Lawrence, thought that all deviations from the normal in the human economy were based upon a definite pathology, and that lack of success in treating cases accrued from lack of knowledge of the true pathology of the case; where psychic symptoms rest on psychic pathology, that psychic treatment would probably overcome the trouble.

SKIN THERAPEUTICS.*

DR. HUGH WILKINSON.

Kansas City, Kansas.

(Concluded from last month.)

I have never been able to compound anything resembling it in looks or action so I use it frequently by itself and in combination. I will say that it has wonderful power as a healer and sedative in acute irritation lesions. I always refused to use it because of its secret formula till I had intractable vaso-labial eczema or dermatitis on my self which I relieved at once with a sample of resinol which I had in my office. Since then it has

*Read at Wyandotte County Medical Association, October 24, 1904.

become a useful article to me. I am not in favor of such articles as a rule but this one shows such marked value I cannot refrain from mentioning it here.

One more extra good therapeutical article I wish to mention in this paper is a glycogelatin preparation which I have never seen used here though I doubt not some of you have. The formula is made up of one ounce each of white gelatin and zinc oxide, glycerine one and one-half ounces and water three ounces. These ingredients are melted together on a water bath, cooled and cut into small cubes. It makes a rubbery mass. When we wish to use we melt on a water bath and it makes a grayish, paint-like substance which is painted on the part. It makes a pliable coating and as it dries it can be tapped with dry absorbent cotton, the cotton fibres adhering to it and making the coat more durable.

This preparation makes an elegant, lasting protective application for such cases as a chronic scalding eczema or that found over varicose veins of the leg.

Various medicaments may be added to it while in the melted condition as one to ten per cent of ichthyl, chryarobin, ammonia, Mercuric chloride, lead acetate or salicylic acid. It will last for days and many lesions heal like magic under its influence and absolute protection. The skin should be carefully shaved before application for obvious reasons.

These are the main points of skin therapeutics as I have found it in the general practice. I have scarcely touched on its endless details as I am not a skin specialist and as most of us will never be able to take up the details of a specialist with all their numerous appliances of drugs, light and electricity. If I have given a few hints to some of you or reviewed that which you already know, the purpose of this paper has not been a failure.

THE BACKBONE AND ITS SINS.

While we are discussing "railway spine," "traumatic neuroses," the psychic in medicine, and the like we ought to take cognizance of the claims of the osteopath and his ilk. Therefore we reproduce the following from the Chattanooga Company's periodical on "mechanical vibration stimulation" for May 1905. It is worth your perusal and consideration.

EXAMINATION OF PATIENTS.

"At the initial examination it is well for the beginner to have the patient's back bared, so that a close scrutiny of the spine and other structures can be made. In order

that the examiner may more easily detect any deviation in the structures, the patient should be seated on the side of the table, and bending forward should rest the palms of his hands on his knees. This will bring the spinous processes into prominence, so that any great deviation can be easily detected with the eye alone. The physician should then place his index finger on one side of the spine, and his middle finger on the other, and beginning at the upper part of the spine, should draw the hand all the way down, using considerable pressure. This will cause the appearance of two hyperemic lines, one on either side of the spine, and will show any curvature that may exist. After having noted the condition of the muscles, and the bony structures, with the patient in the sitting posture, he should then be placed on the table, face downward, having a pillow placed under the body in such a manner as to slightly bow the body; the arms should be allowed to hang over the sides of the table, and all muscles relaxed as thoroughly as possible. The operator must now make a very careful examination of all the structures, and should use the thumb between the transverse processes of all the vertebrae to detect any sensitive or tender points over the posterior primary divisions of the spinal nerves, and all such points should be carefully noted, as a great deal will depend on the careful treating of these areas. Very gentle pressure should be used between the transverse processes in order to determine any minute contractures. Very often contractures of only a few fibres of a muscle will exist, and unless the operator is careful, they may be overlooked. A method of familiarizing one's sense of touch to the feeling of these minute contractures is to take a small rubber band and place several thicknesses of cloth over it; then with light pressure, carefully move the fingers over it. The rubber will be felt to roll under the touch, and this feeling resembles that which one experiences when the fingers are gently passed over a muscle in which only a few fibres are contracted.

"After having examined the spaces between the transverse processes, attention should next be directed to the spinous processes. Here one must look for deviations from the normal alignment, and for depressions between the spinous processes.

"The depression between the processes is caused by atrophy or relaxation of the supraspinous ligaments, and is usually accompanied with sensitiveness over the posterior divisions of the spinal nerve which emerge from the column in the space opposite. Deviations of alignment are produced by relaxation of one group of attached muscles and either the ordinary tonic contraction or induced contraction of the muscles of the opposite side. Deviations of single vertebrae may be detected by placing the fingers on the spinous processes of several of the vertebrae at the same time, when it is easy to see if the normal alignment has been preserved or not.

"Having gone over the spine carefully and marked all normal conditions, attention should be turned to the ribs. Each rib should be closely inspected, both as to its individual condition and in regard to its relation to the others.

"The fingers should be placed in the intercostal spaces and the ribs followed their entire length, the operator noting the differences that may be present, and any muscular contractures that may exist. A rib that is pulled up or down furnishes a perfect cause for many disturbances in the general health. When a rib is in an abnormal position it exerts pressure on the intercostal structures, on the spinal nerves, and on the sympathetics. The sympathetics in the dorsal region lying on the heads of the ribs are easily affected.

"Deviation of the ribs at their spinal articulations should be looked for, and a comparison of the ribs of one side must be made with the corresponding ribs of the opposite side.

"The patient should now be placed on his back, and examination made to see

if there is any difference, or apparent difference from normal in the appearance of the ribs anteriorly. These should be looked for especially at the points where the ribs join the costal cartilages and where they join each other. One must also look for abnormalities in the eleventh and twelfth ribs; these being unattached anteriorly are easily forced out of their normal relationship.

"The articulation of the clavicle with the sternum is also of great importance. When the bones, which enter into this articulation, are depressed or elevated, they produce many annoying symptoms, and will often be found existing in the various forms of goitre and in enlargement of the cervical lymphatics. They are also found in many cases of torticollis, and they sometimes serve as a chief causative factor in the production of headaches, vertigo and insomnia.

"Contraction of the muscles overlying the sympathetics in the cervical region are often found, especially in the various inflammatory diseases of the respiratory tract. Enlarged lymphatics in the cervical and axillary regions must also be taken note of and be given careful consideration in the treatment.

"The pelvis must now be examined to see if any deviation from the normal condition exist. The immense muscles attached to the pelvis and their great strength will often cause the pelvis to be tilted to one side or the other, and this, in conjunction with the large plexuses of sympathetics, the spinal nerves, and the many blood vessels that are found in the pelvic cavity, make a careful inspection of the pelvis of vast importance. The most noticeable point to be found in evidence of a tilted pelvis is an apparent difference in the length of the limbs; this is found by placing the patient on his back, having the heels together in such a manner that an imaginary plane passed through the body would touch the centers of the forehead, the nose, the chin, the sternum, the symphysis pubes, the inner side of each knee, and the internal malleoli. If a difference is found, it must be determined as to whether one limb is too short or too long. This can be done by having the patient draw up his knees and the operator examining Poupert's ligament; the ligament will be thickened on the affected side and a great deal of tenderness will be found on the inner side of the anterior superior spinous processes of that side.

"The coccyx is also of great importance and should be given careful consideration in the physical examination. The fact that the two great chains of sympathetics lying in front of and on either side of the spinal column, and that they unite in front of the coccyx to form the ganglion impar, makes any displacement of the coccyx of consequence, as pressure on these sympathetic nerves may manifest itself in many ways and cause the appearance of symptoms in parts of the body remote from this ganglion.

"The anatomical abnormalities above described are the main points used by the osteopaths to such good advantage in the treatment of disease. To correct these abnormal conditions by manual manipulation requires the use of great physical exertion on the part of the operator; each treatment requires from ten to thirty minutes; the patient must disrobe, and there are many other disagreeable features of hand manipulation which condemn it. All of these various conditions can be easily and quickly corrected by use of vibration, much quicker and more thoroughly than by the hands alone. In the use of vibration, the relaxation of muscles, which are holding bony structures in abnormal relation to the other parts, can be obtained in from three to five seconds, while by hand manipulation alone, three to five minutes are required."

ORGANIZATION.

The following comments in answer to a letter criticising the movement towards organization are taken from the *MEDICAL WORLD*. In as much as Dr. Taylor (the writer) is entirely a free lance, his word counts for a great deal. It is interesting to note how disgruntled the make-all-you-can-out-of-it editors are at the spread of the state journals and other signs of an uplift in professional ideals. Some attack Dr. Simmons, the editor of the *JOURNAL A. M. A.*; others call the whole thing a monopoly, and both try to hurt by bad names that which is too strong for direct attack.

"The medical profession of this country is composed of a large body of men (and some women), with different tastes and needs. No medical magazine has ever been produced that would meet the tastes and needs of all, and no such medical magazine ever will be produced. Please reflect upon this fact, and let us bear it in mind from the out-set of these remarks.

"Dr. Alter, what is 'independence'? A doctor who joins a medical society does not give up his independence. He keeps his personal, mental and professional freedom, and he gains the cooperation of his medical brethren. It is every doctor's duty to himself and to his profession to formally ally himself with his profession. This means that he should join his county medical society; and if his county has no society, he should go to work and help form one; and in the meantime he should identify himself with the nearest county society until his county is organized. In union there is mutual help and strength. Membership in your county society is the open door to membership in your state society and the National Association.

"It is estimated that there are 125,000 physicians in this country. This is perhaps an under estimate rather than an over estimate. Not all of these are willing or able to give \$5 per year for a medical journal, tho a doctor cannot spend that amount or several times that amount, better than for medical periodicals. Not all doctors like a large weekly journal made up largely of long articles from specialists, medical society reports and medical news. In fact most doctors like journals that are clinical in character, and that are so gotten up as to supply needed help in the average doctor's daily work. Also we have found that most doctors like a journal that will go still farther in the serving of daily needs by exposing snares and traps which are set to catch unwary and trusting doctors and rob them of their savings. Doctors, like other people, like bold and unselfish service in their interest. Even "unorgnaized doctors" appreciate a courageous stand for the dignity of the profession: but they would do themselves more credit by becoming a part of the organized profession."

As to journals, there is room for all worthy ones. Take those that best suit your taste and meet your needs; and pay for them, just as you would pay for any other article that you want and need. This part is not meant for Dr. Alter, for he has long been a faithful paying subscriber; but it is meant for those who think editors and publishers can live on air, just as your dead beat patients think that doctors can live on air."—*MEDICAL WORLD* for July.

BOOK REVIEWS.

MANUAL OF PSYCHIATRY.

By J. Roques de Fursac, Paris; authorized translation from the French by A. J. Rosanoff of the Long Island State Hospital, (King's Park, N. Y.) and edited by Joseph Collins, of the Post-graduate Medical School, New York City First edition, 12 mo., pp. 352, cloth. New York, John Wiley and Sons. 1905.

We welcome the coming of this manual because it gives us at once a compendium and a standard discussion of mental diseases. The author recognizes the epoch making character of Kræpelin's work and follows his classification with but slight modifications

The book is divided into two parts: 1, general and, 2, special psychiatry. In the first part, the general and great problems of insanity are discussed, such as the causation and results, the medico-legal phases, etc. This includes the treatment, which is much better handled than is usual in these books, even the method of preparing the drugs used being given.

In the second part we find the author's classification of insanities (a point of value for the lawmakers of our state) as follows:

1. Deliria of infectious origin.
2. Psychoses of exhaustion.
3. Acute and chronic alcoholism.
4. Chronic intoxication by the alkaloids.
5. Psychoses of auto intoxication.
6. Thyrogenic psychoses.
7. Dementia precox.
8. General paresis.
9. Mental disorders due to organic cerebral affections.
10. Psychoses of involution.
11. Maniac-depressive insanity.
12. Reasoning insanity, (Kraepelin's Paranoia.)
13. Constitutional psychopaths.
14. Mental disorders of epilepsy.
15. Mental disorders of hysteria.
16. Arrests of mental development.

The principle of treatment might be summed up thus, "It is necessary in most of the psychoses to procure for the patient absolute physical and intellectual repose and to relieve him, so far as possible, from his preoccu-

pation, delusional or rational," page 105. As to the mooted question, "Who is insane?" we read, "The purpose of medico-legal testimony is to inform the public official, most frequently a judiciary authority, as to the mental condition of the individual submitted to an examination by an expert, and particularly as to his **responsibility**. The word 'responsibility,' is used here not in a metaphorical sense, but in a practical one, and is to be defined as the faculty of adapting (so far as possible) our mental life to the external world, and especially of adapting our mental life to that of other individuals," (Forel.) According to this definition any individual should be declared irresponsible who presents psychic anomalies which prevent his adapting himself to the external world and to life in society. Thus understood responsibility has an infinite number of degrees. In fact, between those who adapt themselves very well and those who cannot adapt themselves at all, there are all those who can adapt themselves, but imperfectly, only to certain aspects of social life: persons having but a limited responsibility. Between these two extremes are all the imaginary transitions that exist between perfect health and disease.' (Mahaim)." page 108.

The book is excellently fitted for the use of students and we recommend it for that purpose. We regret therefore, that the publishers have seen fit to put the price at \$2.50. At \$1.50, it ought to be put into every class in psychiatry. It will also afford the general practitioner an excellent review of insanity, especially when he is called on by the probate court to pass on the sanity of some luckless Kansan.

MATERNITAS.

A book concerning the care of the prospective mother and her child by Charles E. Paddock, M. D., Professor of Obstetrics in the Chicago Post-Graduate and Rush Medical Schools. Cloth, 12 mo., pp. 189. 36 illustrations. Chicago, 1905. Cloyd J. Head & Co., 40 Dearborn Street.

We have read this book through, a fair testimonial to its merits. We believe it a safe and useful book for every obstetrician to put into the hands of his primiparae.

We might criticise the lying-in outfit on pages 47-50 as being too elaborate and within the reach of only the wealthier patients. We believe, for instance, that the physician himself should provide and care for the boric acid crystals, bichloride of mercury tablets, lysol, ergot, chloroform, green soap, tape, silver nitrate and nail file. Of course where one has a trained nurse these things could be cared for by her.

We might also criticise cascara evacuant as the only laxative recommended. It is a good laxative but not the only one.

We commend what is said on page 53 about keeping the patients' mother out of the case. A recent unpleasant experience of our own emphasizes the truth of the author's remarks.

Then even Dr. Shelley would be satisfied with the statements about marking the fetus. "A little reflection shows how absurd this belief is. If the theory (of maternal impressions) were true, nearly every child, since nearly every prospective mother has seen strange sights, would be deformed.' Those of us who were present at the Topeka meeting (in 1904) will remember Dr. Shelley's paper and the vigor with which he denounced the pandering to old wives' fables. He at that time recommended that every physician provide his primiparæ patients with a text on the subject. Dr. Shelley has, of course, written one of his own. But for those who do not write books, we would recommend this one.

The advice as to the care of the child and its food is excellent and adds greatly to the value of the book.

HOW MUCH OF KANSAS IS ORGANIZED?

Replying to President Bower's statement in the July JOURNAL, Secretary Huffman points out that the state is organized as follows:

First District.....	(Dr. Goddard).....	7	organized out of 7
Second "	(*Dr. Jarrett).....	7	" " " 9
Third "	(*Dr. Daily)	10	" " " 12
Fourth "	(*Dr. Furst).....	13	" " " 19
Fifth "	(Dr. Alkire).....	7	" " " 10
Sixth "	(Dr. Graves) is one joint county organization; all in it organized.		
Seventh "	(Dr. Sawtell).....	5	organized out of 9
Eighth "	(Dr. Cludas).....	2	" " " 14
		51	80

"This shows what a tremendous amount of work the officers did last year."

If one will study the map for the 3rd, 6th and 8th districts, the impartial critic must admit that these councillors have an arduous task. Further, if one will study Dr. Daily's record (the only councillor of this group holding over) one will be simply awed at the self sacrificing labor that man has performed.

It is not the councillor so much as the county secretary upon whom lies the burden of successful organization. He it is who must be instant

*These men were reelected from last year.

in season and out of season, persevering amid lethargy and indifference, and even under opposition. Readers of the JOURNAL can easily tell who the efficient secretaries are by reading their reports in these columns. We trust that their number may increase.

If organization is worth while, then it should be vigorously maintained. There is much to be done toward working out the problems of Kansas. In this issue, we show the need of better statutory provisions for lunacy. In previous issues we have shown the need of closer touch between the state boards and the profession. Again we need to convince the homeopaths and eclectics that we are not "after their hides," but their help. We haven't yet learned to work together in Kansas. All this is the work, not of the state, but of the county society, and it is the secretary who must do it. Let him be the brainiest and biggest hearted man in the county.

A Puzzled Kansan.—We clip the following letter from THE MEDICAL WORLD, because it is from a Kansan and may interest many of your readers.

Editor MEDICAL WORLD:—Recently I have observed two cases of what appears to me to be a new type of disease, and I should like to know how to classify them.

Case No. 1:—History of taking cold and presenting premonitory symptoms of measles. Did not see patient till some time after being taken ill. The eruption was modified as if by congestion. Presented "scarlet fever tongue," but no other evidence of scarlatina. Temperature 103°. The patient was constipated. The second day the eruption was plainly marked, and ordinary catarrhal symptoms were present. On the fifth day typhoid symptoms, but without tympanites, developed. The temperature was variable but reached the evening rise of 102°. About the seventh day an eruption similar to poison presented, the spots varying in size from a pin head to the size of a 22 calibre cartridge bullet. This affected only the feet and legs, and disappeared by the fourth day, leaving a bright red spot at the site of the papule. This eruption did not vesicate, but remained hard until it disappeared. The epidermis shed after the subsidence of fever, in flakes varying from small scales to pieces as large as three finger's breadth.

Case No. 2:—Saw this case, I should judge, about the second week. The rash of measles fairly prominent. Congestion as marked. Temperature on the fifth day was 103°. Typhoid condition prominent. The skin peeled off as in the first case, involving the soles of the feet.

Both cases recovered. The treatment was symptomatic.

I have heard of a few cases of severer type.

Mankato, Kansas.

E. L. REYNOLDS, M. D.

The University has broken ground for the pavilion for internal medicine on its hospital site at Rosedale. This structure will be about 40 x 130 feet, with accommodations for about 40 patients. State Architect Stanton is drawing the plans. The material will be of brick. Each of the wards will have an open fire place and open on a wide veranda.

SOCIETY NEWS.

Wilson County Medical Society held a regular meeting at Fredonia, Kansas, June 14, 1905. A very interesting and well attended meeting was held. Dr. Flack of Fredonia, the president, held the gavel. A very interesting paper on tonsilitis was read by Dr. J. C. Preston of Buffalo. This was discussed quite thoroughly by every member present. A second paper on physiology was read by Dr. E. C. Duncan of Fredonia. This paper needs no comment but will appear shortly in the *THE JOURNAL*. To appreciate it fully it must be read. Our next meeting will be held at Neodesha. Papers and subjects as follows: Dr. Flack of Fredonia, Endometritis; Dr. Wiley, Fredonia, Fractures; Dr. Jones, Neodesha, Physiology of Digestion; Dr. Jones, Altoona, Tonsilitis. Date of next meeting August 8th 1905.

E. N. MARTIN, Secretary.

Decatur and Norton Counties—Our bi-county society met in Dr. C. W. Cole's office Wednesday, June 14. The enclosed program was presented: Present, Drs. Daily, Cole, Sharpe, Haworth, Brown, Funk, Dallol and Kenney. The papers were short and crisp and the discussions were spirited. Dr. Cole presented two cases of gall tract infection which made that part of the program very interesting. The next meeting will be held in Oberlin in September. Following are the names of the members in good standing who have paid dues for 1905. A. S. Haworth, M. D.; C. W. Cole, M. D.; J. J. Dallol, M. D.; C. C. Funk, M. D.; H. O. Hardesty, M. D.; and C. S. Kenney, M. D. Dr. Hardesty's wife was suffering from an attack of gall stone colic hence he was unable to be present. At this writing she is greatly improved. Our counties (Decatur and Norton) combined for the present on account of it not being very thickly settled. Dr. Daily's paper was a most excellent one and should have been heard by all the M. D.s in this locality. The program follows: 2:30 p. m., informal reception; 3:00, Medical Clinic, C. W. Cole, Norton; 3:30, The Need of Medical Organization, F. M. Daily, councillor third district, Beloit; 4:00, Appendicitis, From a Medical Standpoint, A. S. Haworth, Norton; 4:30, Infection of the Biliary Tract, C. S. Kenney, Norcatour; 7:00 p. m., Banquet at the Grier House.

C. S. KENNEY, Secretary.

The Harvey County Medical Society met in regular monthly session at Dr. Max Miller's office, July 3rd. Dr. F. S. Abbey presiding. Mr. W. H. Von der Heideen read a paper on medical jurisprudence which was well received. Mr. Von der Heiden covered the ground in a general way

and brought out many points that were of great interest to the physicians present. Dr. Abbey followed with a paper on general anesthesia which was freely discussed and many interesting points were brought out. Light refreshments were served by Dr. Miller after which the meeting adjourned, peace and harmony prevailing.

J. W. GRAYBILL, Secretary.

Sumner County Society had a very profitable meeting on June 29. From this meeting the following papers will be published in the JOURNAL: A Case of Gonorrhea with prostatic abscess, by Dr. Waite; Puerperal Sepsis by Dr. Sippy; and a case of horsekick with all the symptoms of a severe abdominal lesion, plus pneumonia by Dr. Owens. The society will meet on the last Wednesday evening of September at 8 p. m. The last meeting was in the office of Dr. J. L. Halliday and Dr. O. M. Halliday, U. S. A., was the guest of honor.

The Golden Belt Society—The regular quarterly meeting of the Golden Belt Medical Society was held in the Masonic Temple at Solomon, July 6, 1905. Meeting was called to order at 3:45 p. m. by President E. R. Cheney. Minutes of the previous meeting were read and approved. THE JOURNAL OF THE KANSAS MEDICAL SOCIETY was made the official organ of the society. The following physicians having made application, were elected to active membership—Dr. Geo. M. Gray, Kansas City, Kan., graduate of Kansas City Medical College, class of 1879; Dr. Oliver D. Walker, Salina, Kan., graduate of College of Physicians and Surgeons, Keokuk, Ia., class of 1886; Dr. J. C. Klepinger, Herington, Kan, graduate of College of Physicians and Surgeons, Chicago, class of 1897. A letter from Dr. J. T. Curtis of Dwight, Kans., setting forth the inferior organization of the Medical and Hospital Corps of the U. S. A., was read and discussed, and the Secretary instructed to write to each of our Kansas Congressmen, asking them to help secure such organization of the Medical and Hospital Corps of the U. S. A. as will enable them to become the most efficient in all the world. The following scientific papers were read and discussed:—The advantages of a small private hospital, Dr. Howard N. Moses, Salina, Kan.; Discussed by Drs. Walker, Tobey, Riddell, Meed, Anderson and closed by Dr. Moses. The clinical significance of pains in the epigastrium, Dr. J. N. Deiter, Abilene, Kans.; discussed by Drs. Tobey, Gray, Kaster, Crafford, Schenck, Cheney and Gaines. Antisepsis in the treatment of infected wounds, Dr. Geo. M. Gray, Kansas City, Kans.; discussed by Drs. Kaster, Riddell, Crafford, Walker, Tobey and closed by Dr. Gray. Burns and their treatment, Dr. Geo. Seitz, Salina, Kans.; discussed by Drs. Crafford, Kaster, Gray, Simonton, Tobey, Moses, Schenck, Klepinger, Nordstrom and Deiter. Syphilis of the brain, Dr. Oliver D. Walker, Salina, Kans.; discussed by Drs. Schenck, Tobey, Seitz

Gray and closed by Dr. Walker. Herington, Kans., was selected for the next place of meeting, on October 5, 1905. The following members were present: Cheney, Harvey, Tobey, Moses, Meed, Deiter, Lagerstrom, A. G. Anderson, Nordstrom, Leverich, Seitz, Gray, Riddell, Walker, Simpson, Lutz, Simonton, Gaines, Schenck, G. M. Anderson, Crafford, Kaster and Klepinger. Adjourned.

L. LEVERICH, Secretary.

THE REVISED PHARMACOPOEIA.

TO THE EDITOR OF THE JOURNAL OF THE KANSAS MEDICAL SOCIETY.

Dear Sir:—I have directed J. B. Lippincott Company to forward to you a copy of the United States Pharmacopoeia, which is just off the press. I especially desire to call your attention to the changes in strength of Tincture of Aconite, Tincture of Veratrum and Tincture of Strophanthus, which are as follows:

The strength of Tincture of Aconite has been reduced from 35 per cent to 10 per cent, and that of Tincture of Veratrum from 40 per cent, to 10 per cent. The strength of Tincture of Strophanthus has been increased from 5 per cent to 10 per cent.

These changes have been made in order to conform to the standards adopted by the International Conference of Potent Remedies held at Brussels in September, 1902, the object being to make uniform the strength of potent remedies in all parts of the world.

Kindly insert a special notice in your journal in order that all of your readers may be informed as quickly as possible of these changes, which will officially go into effect on September 1, 1905.

Trusting that you will find much to commend in the new Pharmacopoeia, I remain,

Faithfully yours,

JOSEPH P. REMINGTON,
Chairman of the Committee of Revision.

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Wilbur L. Scoville, Ph. G., Massachusetts College of Pharmacy, Boston, Mass.

Edward H. Squibb, M. D., P. O. Box 760, Brooklyn, N. Y.

Alviso B. Stevens, Ph. C., 915 Oakland Ave., Ann Arbor, Mich.

H. C. Wood, M. D., 1925 Chestnut St., Philadelphia, Pa.

(Notice of the work will be given in these columns as soon as your editor receives the book.)

News Items.

Dr. J. H. Seyler, of Ramona, has joined the Marion County Society.

Dr. F. E. Way has removed to Concordia (411 West Fifth street) to continue the practice of medicine.

Dr. C. L. Zugg has removed from Orlando, Okla., to Argentine, Kansas. We extend a hearty welcome to him.

For Sale—Office furniture. Yale chair, portable operating table, wall plate, vibrator, X-ray coil, Nebulizer, etc. Address No. 13 JOURNAL OFFICE.

For Sale—Practice, lease on small hospital; appointments that pay running expenses. Population 3000. Price \$1600. Practice has netted \$3000 a year cash. No. 10, JOURNAL office.

Dr. H. H. Smith's address should be Highland, Kansas, instead of Highland Station.

Advertisements of openings are popular in JOURNAL forwarded nine to No. 12 and six answers to No. 11, and only two inquiries about No. 10 came in. Evidently the \$1600 required was a stumbling block. No. 10 is repeated in this issue.

Dr. Trimble, formerly assistant in pathology in the Kansas City Medical College, has been secured for a like position in the new school of Medicine

The University of Kansas has secured for the chair of anatomy made vacant by the resignation of Dr. Hoxie, a John Hopkins graduate who has been teaching the subject at Cornell University, Dr. Sutler.

An Assistant Physician Wanted.—An examination will be held at the Parsons State Hospital for Epileptics, Parsons, Kansas, on Monday, August 14th, for the purpose of selecting a Second Assistant Physician. Salary \$900 per annum, with room, board, etc. For further particulars address M. L. Perry, M. D., Superintendent, Parsons, Kansas.

The University of Kansas will have the administrative offices and lecture rooms for the clinical department of the new school of Medicine in the building of the College of Physicians and Surgeons in Kansas City, Kansas, pending the erection of its own buildings. This is reached by the Grandview cars from the Union station or from Eighth street in Kansas City, Mo. Your editor will open the offices there in the latter part of August and be glad to welcome Kansans who care to visit him, the University, or the JOURNAL office.

The Action of the University of Kansas in establishing a clinical school at Kansas City has led the University of Missouri to reconsider its determination to keep its clinical work at Columbia. "Imitation is the sincerest flattery." The "University" Medical College of Kansas City has a plant worth about \$60,000 with a mortgage of \$35,000. Rather than face the competition afforded by the new school of the University of Kansas, the trustees have offered the plant to the University of Missouri. At a meeting of the curators of the latter institution in Kansas City June 28-29 it was decided to accept the offer and to bring the clinical department of Kansas City provided the University of Missouri be given a free hand and that \$50,000 additional be raised within 30 days. By the time this reaches our readers the matter will have been decided. Kansas should congratulate themselves that their University led the way in the new movement toward higher professional education.

INTESTINAL CATARRH.*

J. GRIFFIN, M. D.

Shreveport, La.

It would be gratifying to myself to say something on the subject of Glyco-Thymoline, a remedy of some years' standing, but in some measure new to me. After it was brought to my notice the first use I put it to was in a case of intestinal catarrh, following an attack of measles. The patient was a young man about thirty years of age. Prior to the case falling into my hands lavage had been tried with him but it seems he grew worse instead of better. He had also been put upon the use of some of the empyemas with no better results. He presented himself to me as an anemic scarcely able to partake of any food without suffering gastric pain with other gastric disturbances, accompanied with eructations of gas. He had been endeavoring to diet himself but was steadily growing worse.

Here was a case I thought for the administration of one of the preparations of papaya carica, and procuring one of its forms it was faithfully taken, accompanied with a careful dietetic regimen. But every dose seemed to give him pain in the epigastrium, so that he was compelled to abandon its use. I determined then to try what Glyco-Thymoline would do and accordingly put him on the following:

Glyco-Thymoline, oz. i

Boiled water qs. ad. oz. vi.

M. Dose one teaspoonful an hour before each meal and at bed time in a little water. I required him to constantly drink all the hot water he could ingest and to take it in no other way. He was situated at a mill where boiling water was at all times accessible so that quite early in the morning he would drink from one to two and sometimes three tumblers of hot water at one time, followed by a dose of the medicine. Of course he was dieted, restraining himself in all the food which he found would disagree with him. He was not permitted to use meat of any kind under any circumstances. He was allowed to drink sweet or buttermilk at every meal. He would ring the changes upon the cereals, using grape-nuts, oatmeal, rice, etc. The progress was at first slow. The decrease in the amount of gas belched was noticed first and by degrees the pain which had always come on just after eating grew less and he began to take on flesh. Whenever his bottle of medicine was exhausted it was at once refilled and the

*Contributed by the manufacturers.

.(Continued on Adv. page XII.)

The Journal

OF

The Kansas Medical Society

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Volume V

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Number 9

The Sheep and the Goats. The movement in the profession toward more thorough organization and the raising of our standard in drug giving and education is raising a tremendous row among those who are hurt thereby. If one wishes to learn the real feelings of those who have hitherto fattened on an unorganized and illy trained profession, one has only to read the American Medical Journalist. The bitterness and malice shown are appalling. Down in Texas where a state association journal has just been started, the private journals are doing their best to get up a row. In other words, the issue has been joined and the character of each journal is being revealed. We, in Kansas may congratulate ourselves that we have no vested interests to fight an altruistic movement such as ours for organization is.

The WITCHITA MEDICAL JOURNAL was owned by high-class physicians and was therefore willing to unite with the official journal. The same is true of the WESTERN MEDICAL JOURNAL of Fort Scott. There is room in Kansas for just one journal and that should be controlled by the organized profession. The platform of this journal is simply to seek the best interests of the Kansas physicians, and these interests we believe to be best

promoted by the thorough organization of Kansas physicians and by the establishment of higher standards of admission to our medical schools and to the rank of practitioners. We believe that the JOURNAL gives more solid original reading matter than any other journal in this section of the country, so that even if one disagrees with us on organization, the JOURNAL is of value to him in bringing him the writings of his colleagues. For these reasons, we believe that we have no local contests on the great problems which the American Medical Association is trying to solve. But yet, we should like to have our readers scan with discriminating minds the fulmination of journals sent them (now more than ever) gratis. Merely calling names is not proof. To assert that a medical "trust" is being formed, does not prove it. To say that physicians are being "coerced," not only does not prove it but rather proves that a wolf is being "coerced" into separating himself from the fold. A little thought shows us that our own self-interest demands that we get together and work together; hence, all hail to the present policy of Editor Simmons and his associates.

Dentistry and Medicine. Dr. C. M. Jackson, of the University of Missouri, read a paper before the Missouri Society on Medical Education, in which he advocated the introduction of the elective system in the curriculum. Incidentally, he advocated the furnishing of large library and laboratory facilities. But what we wish to emphasize is the following:

"As an extreme instance of what might possibly be accomplished by an extension of this principle, I will mention the establishment of Dentistry as (what it rightly should be) a special branch of the medical profession. Nobody, and least of all the dentists, would deny that a knowledge of the general principles of medicine and surgery would be a great advantage to the practitioner of dentistry. On the other hand, the dentist might properly object to spending much time on special subjects, such as ophthalmology and dermatology, which would be of no direct benefit to him in his practice.

"Why not recognize this principle, require of the dental student aside from the necessary preliminary medical sciences) only a minimum of required work in medicine and surgery, allow him to take as electives the special work now required in dentistry, and at the end of four years give him his M. D. in dentistry? It seems to me unquestionable that some such plan would elevate the dental profession and be a source of additional strength to the medical profession."

Good Manners. "No conscientious physician escapes great perplexity, in many relationships thrust upon him by novel situations, and when too late sometimes regrets the course adopted. Not a few have met a Waterloo because ignorant of good manners. Others have failed to make a

favorable impression on fellow doctors, on the community, or even on their own patients, so drifting to personal ruin, and professional disgrace.

"In large degree professional bad manners arise from defective college training. Few colleges make any pretense of training their students in 'good professional manners'; many provide teachers with offensively bad manners, so that the wonder is that so many graduates acquire 'good manners.'

"Medical colleges should provide teachers with model good manners, so that students might absorb them by daily contact. More than is generally believed, the teacher's manners are wrought into the texture of the student's life.

"Second, the college should provide an adequate course of instruction, the teacher of each separate sort of practice, combining his own studies with those of his predecessors, so making an 'up-to-date' course.

"Third, the college should require a final examination on 'good manners' ere conferring the degree of doctor of medicine. State Medical Examining Boards could materially assist in this propaganda, by requiring of applicants for a state license, an intelligent knowledge of "good manners."

"Lastly, medical societies would do well to promote this part of "medical sociology," as their efficiency and very existence are intimately allied to the reign of "good manners" over each member of the medical profession."—Journal of the Michigan State Society.

American Medicine comments, July 1, as follows: "There is a splendid, and perhaps unexpected, result of the plan of the American Medical Association as to non secrecy in the drugs used by or advertised to the profession. It has forced into the open, or will inevitably do so, the concealed journalistic supporters of the nostrum traffic. By doing this, it will as certainly expose the so-called medical journals which do not care a fig for the medical profession they have so long deceived and exploited, and which have been published solely for the financial benefit of the owners and their compliant editors. One can never cease hammering that in the professional use and control, indeed in the professional ownership of its medical literature, lies a vast deal of the progress of medical ethics, art and science. The action of the American Medical Association cuts sharp and clear with these pseudos, and says: "On this side the sheep, on that the goats." One of our contemporaries has come out frankly and says: "We are heart and soul with the goats and for profit in the advertising business." Another gibes at the attempt of the "reformers," "the cackle of some young and eager reformers," criticises, charges with many inuendoes that some of the American Medical Association council members are in the pay of manufacturing companies, and otherwise shows plainly its sympathies, "letting 'I dare not' wait on 'I would.'" Come now, gentlemen journalists

editors, publishers, subscribers and contributors, no befogging will prevail. Choose your party! Physicians must know where you stand, and writers of medical articles must know where to send them for publication."

Physical Therapeutics. The success of "the nature healers" in Germany and of the osteopaths in this country tends to prove the value of the so-called physiological therapeutics. We believe that physicians must become more conversant with these methods of treatment. Therefore, we are glad to note that the University of Kansas, in establishing its new curriculum has formed a department of physical therapeutics. Herein will be taught balneotherapy and massage by Dr. Sandzen, a graduate of the University of Upsala (Sweden) and electro-therapeutics by Drs. Scott, Troutman and Clark, who are more or less well known to our readers.

The Board of Control for the state charitable institutions, has been quite active since July 1. F. W. Knapp, former private secretary to Governor Hoch, was chosen their secretary. Miss Edith Wood of Topeka is their stenographer and F. A. Baker, of Topeka, the assistant secretary. The first "stir-up" was the removal of Dr. C. S. Newlon from the superintendency of the Winfield institution for imbeciles. Dr. Newlon has had to take entire charge of the medical work there and has had no sinecure. We have felt sorry for him while he was in office and we hope that he will have pleasanter work out side. His sins, as nearly as we can read the reports, were those of the former board, and his removal is more of a blow at the Henry Allen board than at him. His successor is Dr. J. W. Ward, of Edna, Labette county. We wish Dr. Ward success in his new work and hope that he will be able to make a scientific study of his charges and contribute something to the professional knowledge of the subject of imbecility. We invite his contributions to this JOURNAL.

The board has ordered that the superintendents of charitable institutions have the same fare as the inmates. This will probably raise the standards of the fare of the inmates. We hope that the Board of Control will succeed in establishing a good civil service, which will do away with the popular "horrors" of Topeka and the other hospitals.

The State Board of Health now issues a monthly bulletin. We have before us only the issue for July, 1905. Hence we cannot give the health statistics for July or August, as we would like to do. In this connection we would like to know if our readers desire us to continue printing the health reports as we did in the spring. A card to this office will register your vote.

THE PORTLAND MEETING.

DR. F. M DAILY.

Delegate from Kansas.

The meeting of the American Medical Association convened in the armory of the Oregon National Guards at Portland on July 11, at 10:30 o'clock. The president, Dr. J. H. Musser, Philadelphia, called the meeting to order; Rev. A. A. Morrison led in prayer; and addresses of welcome were delivered by Governor Chamberlain and the mayor Dr. Henry Lane in behalf of the state and city and by Dr. Geo. F. Wilson, and Dr. Henry Coe in behalf of the state, city and county medical societies. The president-elect, Dr. L. S. McMurtry of Louisville was then introduced by the retiring president.

The room was large and the noise created by the exhibit in the adjoining room was so great, that only those who sat in the front rows heard the address. It was a tremendous blunder to allow the venders of nostrums and appliances to sell their wares so near the auditorium. It left the seats empty and compelled the president to deliver an address upon which he had been putting a year of preparation, to a corporal's guard.

The symposium on nephritis with papers by Dr. Councilman of Boston, Dr. Stengel of Philadelphia, Dr. Emerson of Baltimore, Dr. Ticken of Chicago, Dr. Greene of St. Paul, Dr. Philip King Brown of San Francisco and Dr. Shattuck of Boston was well attended; so much so that many were unable to obtain seats in the large auditorium. This symposium alone was well worth the time and expense of attending the Portland meeting, to say nothing of the other 230 papers read before the eleven different sections into which the association work is divided. All of the papers were of a high order. Next to the symposium on nephritis was the one held the day following in the same auditorium, the symposium on the stomach by Drs. Frank Billings of Chicago, George Dock of Ann Arbor, J. H. Musser of Philadelphia, Chas. G. Stockton of Buffalo. The subject was so important and the speakers so prominent that even standing room in the halls and about the door was occupied.

The attendance fell much short of the anticipation. There were only 1634 members in attendance. The largest attendance from any state was 243. Our state of Kansas furnished 18. This, of course, is an improvement over that at Atlantic City of last year, but it seems small when Pennsylvania, clear on the other side of the continent, sent 97, and Illinois 123.

What is the matter with the doctors in Kansas? Are we too much attached to the worship of the golden calf, or have we become so infected

with that egotism which leads us to believe that we do not need the benefit of contact and association with teachers and laboratory workers in our profession? It is to be hoped that our organization in Kansas will bring us into closer contact with each other and lead us to realize more clearly than ever before, our mutual short-comings and our need for study, research and travel.

The physicians and citizens of Portland left nothing undone in the way of elaborate entertainment, for instance, free dinners, boat excursions on the Columbia (with baked planked salmon dinner at Bonneyville), etc., etc.

Dr. Wm. J. Mayo, of Rochester, Minn., was the unanimous choice of the convention for president; and Boston was selected as the next meeting place.

Altogether, the meeting was one of the most harmonious and successful that it has ever been my pleasure to witness in the past 25 years. I therefore suggest that every physician in Kansas subscribe for the Journal of the American Medical Association and get the fruits of the 240 papers read and discussed at this great meeting of the most noted physicians and surgeons of America.

SOCIETY NEWS.

Cherokee County Medical Society met in Scammon on August 8, at 8 p. m., with president Scales presiding and Drs. Green, Brown, Mahan, Revell, Markham and Brookhart present. Minutes of previous meeting read and approved. Two cases of pelvic abscess were reported by Dr. R. M. Markham, followed by a general discussion of the subject.

Drs. R. S. Mahan of East Mineral and A. R. Homer, of Weir City made application for membership. Having received a communication for the county commissioners that they would look with favor on a recommendation for County Health Officers made by the County Medical Society. It was moved and carried that Dr. J. H. Green, of Galena, be recommended. The subject of non attendance of members was discussed, it being the unanimous opinion of those present that the payment of dues was not all of the duty of a member, that he should attend the meeting when possible, and he should try and make it possible often, so as to assist in the betterment of the profession. It was, therefore, moved by Drs. Brown and Green that any member absenting himself from three consecutive meetings, with-

out an excuse acceptable to the members present should be subject to suspension. The vote to be taken at the next regular meeting in September, after due notice has been given all members. Adjourned to meet in Galena first Tuesday in September.

H. H. BROOKHART, Secretary.

Cowley County Medical Society, Kansas.—The physicians of Cowley county met at Winfield, July 13, with the aid of Dr. Oliver J. Furst, Peabody councilor for the fourth district, organized a society on the standard plan with a charter membership of fourteen. Dr. Jas. W. Sparks, Arkansas City, was elected president; Dr. Leon Jacobus, Winfield, vice-president; Dr. Ernest F. Day, Arkansas City, secretary, and Dr. H. L. Snyder, Winfield, treasurer. A preliminary meeting was held June 24 in Winfield.—Journal A. M. A.

Osage County Medical Society met at Osage City on the evening of August 10. A banquet was given at the Everest hotel and everyone present reported a good time. There were nineteen present, including Dr. J. E. Sawtell, of Kansas City, councilor of the district. Dr. Sawtell gave us an interesting and instructive address and numerous toasts were responded to by other doctors. While our society is not as large as we would like to see it, we feel that it is in a healthy condition and has not yet attained its full size.

J. A. CONNOR, Secretary.

Sumner County will hold a meeting Sept. 27. President Bowers will speak on the surgical diseases of the pancreas; Dr. Bowers on entero-colitis; Dr. W. J. Neal on hepatitis; and Dr. Hoxie on medical education. Drs. Cobean, Bartlett, Kisecker, and Spitler will present cases of bile duct disease. Drs. Walker and Spitler will report on the Portland meeting

SURGICAL DISEASE OF GALL BLADDER.*

G. C. PURDUE, M. D.,
Wichita, Kansas.

For nearly 250 years all gall bladder surgery done upon living human beings was purely accidental, and not until the last two decades has surgery in this region been upon a thoroughly scientific basis. But during that short time such rapid progress has been made that now surgery of gall bladder and bile passages is one of the most satisfactory branches of our art. The death rate, taking the cases as they come, is hardly more than

*Read before the Kansas Medical Society, May, 1905.

five per cent, and in uncomplicated cases less than two per cent, the results depending to a large extent on the condition of the patient. If all were surgeons here today I would certainly apologize for using the time that I will consume for I will perhaps say but little of interest to them. But to the general practitioner I hope to say something of interest, for he has the fate of the sufferer from gall stone diseases in his hand, either to guide to surgical relief or to advise him to continue a life of uncertainty and danger which intensifies itself towards the end. Therefore the best excuse I can offer for this short paper is that perhaps I may be able to arouse in some of the members of this society a desire to become more familiar with the diseases and conditions which are so often met by the general practitioner whose duty it is to make a diagnosis before the surgeon is consulted.

It is said by Kehr is his little work on gall stone disease, that whoever wishes to review and recognize a disease must first of all apply himself to the study of its pathological anatomy with all the means which are at his command. Diagnostic acumen, the finest perceptive powers, experience and practice are qualities and gifts of the doctor which are not to be underestimated, yet they avail him nothing if his knowledge of the pathological processes under which the disease develops are hazy and defective, and it is unfortunate for the practitioner of general medicine that the study of growth and development in surgical diseases of the gall bladder is extraordinarily impeded, since he is for the most part thrown upon his observations at the bed side, or at the autopsy table. Without discussing the chemical formations of gall stones, I will for a short time turn my attention to the cause of their appearance or presence in the gall-bladder, together with the etiology, pathology, and rational treatment for their removal, and the complications caused by them.

The location and anatomical structure of the gall-bladder and the fact of its being in close contact with the colon, stomach and duodeunm renders it susceptible to infection, and its being so suspended that drainage is interfered with renders it liable to disease. Cholelithiasis is indeed a very common disease, though fortunately for humanity, not every case of gall-stones requires medical or surgical attention. A statistical estimate based on a great number of necropsies not absolutely reliable shows stones in from ten to twelve per cent of these autopsies, which is probably not far from correct. So that it is probably a true estimate that from ten to twelve per cent of the living are carrying with them, unconsciously in many cases, a gall-bladder containing gall-stones. In fact gall-stones are so frequent that a surgeon pointedly says that every church, every theatre and every concert hall would resound with lamentation if stones occasioned discomfort in all cases.

Kehr says that gall stones are seldom found before the age of twenty. Douglas says the formation of biliary calculus is too generally regarded as incident only to middle and advanced age. Still collects twenty cases in children, ten of these in infants, and Thompson is able to record six cases in the new born, therefore while cholelithiasis is more often found in middle and advanced age, yet no age is exempt from the disease.

From sedentary habits, dress and child bearing, the female sex is more liable to the disease than the male, in the proportion of four to one. Everything that retards the normal flow of bile or disturbs its secretion or composition predisposes lithiasis. Among these causes we find an abnormal position of the gall-bladder from pressure caused by enteroptosis, or inflammatory adhesions of the gall-bladder from traumatism, or circumscribed peritonitis from other causes. The apathy of age, arterosclerosis and retarded metabolism, explain the frequency of gall-stones in advanced age. The conditions incident to parturition, together with the injuries to the generative organs at that time, producing invalidism, and lack of exercise with constipation as well as relaxed abdominal wall, are reasons for the frequency of gall-stones in the female. Heart lesions predispose to the formation of gall stones, in fact statistics show the danger to be double that of undisturbed circulation. It has been shown that any condition which will produce bile stasis will predispose to cholelithiasis.

Diet and climate do not predispose to the formation of gall-stones. This is shown from the fact that the disease may appear in all countries and in all climates. Some effort has been made to ascribe lithiasis to the drinking of insufficient water, or to the imbibition of water containing an abundance of lime. This is merely an assumption and is contrary to our chemical knowledge of the constituents of bile. The formation of a biliary concrement is a process of precipitation, says Douglas, which is evidence that lithiasis is not a constitutional condition but a local one occurring when there is some pathological condition of the gall bladder. There must be some change in the composition of the bile that will throw some of its constituents out of solution. It does seem that the chemical analysis of the gall-stones would throw some light on their origin. It is a fact that cholesterin is the principal constituent of biliary calculi, and that it is found but sparingly in the blood itself, and in the liver not at all except under abnormal conditions, yet this is a constant constituent of the bile, and its presence can only be accounted for as a product of the epithelial cells of the biliary ducts and gall-bladder. The next chief ingredient is known as bilirubin which is insoluble in alkaline media, but not in acid. It is precipitated by a change in the reaction of the bile which will occur from stasis, catarrh, or any disturbance of free drainage. Lime which is a normal ingredient of the bile in a very small amount is derived chiefly

from the mucus glands of the gall-bladder, and its presence in excess is therefore due to some perverted action of these glands. The chemical change which the products of epithelial inflammation has on the bile favors the precipitation of bilirubin calceum.

It has been the endeavor of many experimenters in this field of research to show that cholelithiasis was a local condition and the question as to its local or constitutional origin has been simplified by their efforts. Naunyn's experiments prove that the amount of cholesterin and lime in the bile was constant and unchanging without any relation whatever to the food ingested, and while the habits of life may tend to development of calculism, this tendency is not due to the amount of cholesterin or lime in the bile. He concludes that the condition which favors the precipitation of the solid constituents was to be found in the gall-bladder and the bile-channels. The proof is to be found in the nucleus of the gall-stone itself, which is a pearly body and consists of epithelial cells in a state of fatty or hyaline degeneration. Thudicum found the nucleus to consist of pieces of membrane from the gall-duct. Others have found fruit seed, metallic mercury, needles and other foreign bodies in the gall-bladder, but these have served to create an atrium for infection, thus giving rise to the catarrhal condition necessary for the chemical alteration in the bile to produce precipitation.

It having been proven that the condition favorable to the formation of gall-stones was almost entirely local, the subject rested here until 1891, when the restless student of research began to ask what produces this local condition. The microbic origin of the disease was suggested as early as 1886 by Gallippe. Welch demonstrated the bacillus typhosus in the gall-bladder and suggested its possible relation to cholelithiasis.

The finding of bacteria in gall-stones by Naunyn and the demonstration of the presence of bacillus typhosus as a cause of cholecystitis by Gilbert, Girode, Blachstein, Milian and others seemed sufficient evidence to establish the relation between the presence of bacteria and the formation of gall-stones.

After being convinced of the local origin of cholelithiasis, another question presents itself, "How do the bacteria gain access to the gall bladder and biliary ducts?" There are two theories as to the routes of entrance of micro-organisms into the biliary channels. The one usually accepted is that they pass through the common and cystic duct from the duodenum. It is believed by Cushing and others that they enter through the blood through the portal circulation. It has been shown by Charcot and Gomboult that after ligation of the common duct the bile above the ligation becomes infected. In this way the hemic origin of infection was established. Hence we are led to believe that the micro-organisms producing cholelithiasis

or cholecystitis may enter the gall bladder through the common and cystic duct or through the blood of the portal circulation. Be this at it may, the evidence is very conclusive that gall-stones are caused by some form of bacterial infection, and so enthusiastic are some observers along this line, that they have divided biliary calculus into two groups: First, those due to the colon bacillus, and second, those due to the typhoid bacillus. There are those who think that some other element must be present for the production of gall-stones, and claim that the presence of gall-stones invites infection, among these are such men as Cushing and Osler. In any case it may be said that biliary stagnation, however induced, and a lithogenous catarrh are essential elements for the production of gall stones, and that the preponderance of evidence would indicate that this catarrh is attributable to infection.

PATHOLOGY.

It is very rare that gall-stones are formed outside the gall-bladder. Those that are found in the biliary channels of the liver, the cystic duct, or the common duct have migrated to their present location. It would look reasonable that if we ascribe the pathogenesis of gall-stones to a bacterial infection, that we would expect to find in all operations for gall-stones, and all autopsies, in which gall-stones existed, evidence of inflammation. This is not the case, however, for we often find many stones in the gall-bladder without any evidence of inflammation ever having existed, and we often find the bile and the gall stones themselves appearing sterile. Late investigations, however, prove that normal bile contains a few bacteria which can be detected if a sufficiently large quantity be examined. But in every case of obstruction of the cystic or common duct from gall-stones, dilatation of the channels above the impaction takes place, with stagnation and infection of their contents, and this condition immediately invites bacterial infection.

Douglas truly says that the effect of gall-stones pathologic and symptomatic, immediate and remote, are influenced so largely by the location of the stones that they must be studied in their different habitations. Many cases of stones in the gall bladder exist indefinitely without causing any or at most a little inconvenience, depending on the size of the stone, the degree of bacterial infection or from the displacement of the natural relation which exists between the bladder and its duct.

The prolonged presence of these foreign bodies in the bladder causes hypertrophy of the bladder walls, which is both mechanical and inflammatory in its nature and finally results in contraction of the bladder around the calculus. This hypertrophy of the bladder wall with contraction was very

marked in one case on which I operated. The contraction had been so great that the stones, nineteen in number, had been forced into the cystic and common duct, the gall bladder itself being almost completely atrophied. This case demonstrated very beautifully Courvoisier's law which is "In cases of chronic jaundice due to blockage of the common duct, a contraction of the gall-bladder signifies that the obstruction is due to stone, a dilatation of the gall bladder, that the obstruction is due to causes other than stone."

Again the mucous membrane may become eroded from pressure when infection takes place followed by pericholecystitis and inflammatory adhesions to other viscera through which perforation may occur, thus relieving the bladder of its contents, producing drainage of the contents and a cure may follow: or an acute infection takes place without adhesions, rupture of the bladder-wall occurs, discharging the infected contents into the free peritoneal cavity, causing an acute general perforative, peritonitis which may produce fatal termination. Or we may have acute infection with suppuration of the mucous membrane of the bladder, causing empyema of that organ and producing symptoms of general infection with chills, fever and sweating, resembling very much chills of malarial origin.

In some cases where pressure necrosis occurs with perforation of the wall of the gall-bladder, the peritoneum is able to take care of the infection and no serious symptoms follow. The stones are encapsulated by the omentum or other organs and an abscess with drainage is established, either directly through the abdominal wall or through the umbilicus, which often happens. In a case which I operated on a few months ago a history of acute pain in the region of the gall-bladder sixteen years previous was given, this pain was followed by a painful tumor in the region of the appendix, which after several years discharged an offensive fluid through the umbilicus. This had continued for seven or eight years when she consulted me about her condition. I decided after an examination to make an exploratory incision. I cut down through the abdominal wall over the tumor and found an abscess containing twenty-three gall-stones. After this the discharge from the umbilicus ceased and the tumor disappeared.

The stones may be discharged through the sinus formed, or may lie in the abscess for years and the patient enjoy fairly good health. The stone may by accident erode the inner wall of the bladder, burrow into the liver, occasionally becoming encysted, but usually giving rise to hepatic abscess or by perforation to a subdiaphragmatic abscess.

If a stone becomes engaged in the cystic duct it may stop the flow of the bile into the gall-bladder, or it may be so located as to allow bile to enter the bladder but not escape, or it may be allowed to escape but not to enter. In the former condition the bile may remain sterile for a time

and then be infected, causing all the phenomena of infectious cholecystitis. In the latter, where the bile is allowed to escape but not enter the gall-bladder, and the mucous membrane is not destroyed, the bladder will become filled with a clear, albuminous fluid, the secretion of the mucous glands, and not bile with the coloring matter absorbed. If the obstruction is absolute and no fluid passes out or into the bladder, it may remain sterile, but increases to an enormous size.

Cholecystitis and cholangitis may follow cystic duct obstruction if infection takes place, but this is not a common occurrence. There will be no jaundice in cystic duct obstructions unless the stone is so large that it obstructs the hepatic or common ducts, or adhesions occur. To have jaundice in cholelithiasis there must be an obstruction to the common or hepatic ducts. I should like to emphasize this statement, as jaundice is the cardinal symptom of common duct obstruction, and is distinguished by a perfectly characteristic ebb and flow in those cases in which the stone forms a ball valve, that is in the very great majority. In the event that an engaged stone should retreat into the bladder, or escape by the common duct into the intestines, the normal drainage will be established unless so much injury has been done to the mucous membrane as to cause stricture of that duct. In this case there will be infection with cholecystitis or atrophy of the bladder will follow.

When a stone becomes engaged in the hepatic duct it is usually associated with calculi in the cystic and common ducts, and occupies that position secondarily, their primary seat of origin being in the gall-bladder. The effect of such obstruction is to produce dilatation of the ducts above the seat of obstruction, stagnation of bile, enlargement of the liver, with infectious cholangitis, pronounced jaundice with rapid destruction of the red blood corpuscles, and an early and fatal termination.

In obstruction of the common duct from stones, other and more grave symptoms appear. If the obstruction is absolute, dilatation of the duct, with enlargement of the liver, cholangitis, if infection occurs, and jaundice will occur. The common duct may become greatly dilated and form an abdominal tumor, or pressure necrosis and perforation may occur with general infectious peritonitis. If the obstruction should be of the ball valve variety which is described by Fenger and others in which the bile is allowed to pass, and the duct remain uninfected, the acute symptoms will not be present, but there will be repeated attacks of jaundice and pain, and the common duct will be crippled by the constant irritation of the stone, which invites infectious inflammation and adhesion to neighboring organs. Fistulous openings may occur between the duct and the duodenum, colon or any other hollow organs which may become attacked by adhesive inflammation, and in this way the calculus be removed, the fis-

tulous opening gradually close and a cure result, with a slight functional disturbance of digestion. A stone may be arrested in any portion of the common duct, and various pathological changes take place, an enlargement may take place resembling a tumor, and even be diagnosed as an enlarged gall-bladder. Through this mistake in diagnosis surgeons have even operated and drained. Other changes more serious and dangerous to life may result. If permanent obstruction takes place, infection is liable to follow, producing profound jaundice, cholangitis, enlargement of the liver, general and serious derangement of the red corpuscles of the blood, with decrease of hemoglobin, hepatic abscess, and finally fatal hemorrhage occur. Again, if the obstruction should occur at the opening into the duodenum or ampulla of Vater, the course of the bile may follow the duct of Wirsung, and thus effect the pancreas, producing a fatal pancreatitis.

A large stone escaping from the gall-bladder, cystic or common duct by fistulous connection with the intestines may produce a volvulus or an obstruction. A case that I treated medically for several years and whose attacks were very violent suddenly ceased having gall-bladder trouble, but soon after began having trouble in defecating, complaining of having a stoppage of the feces just inside the rectum, and having to remove the obstruction body by pushing it up into the bowel, when the act of defecation could be completed. This becoming very monotonous, she consulted me and during examination under chloroform anaesthesia, I dilated the anus and removed two very large gall-stones, after which she had no further trouble.

If the cystic duct should become permanently closed, the gall-bladder may become very large and may fill the greater portion of the abdominal cavity, although not often larger than a child's head, ordinarily about the size of a large pear. In a patient on whom I operated, the bladder contained several stones, a sero-purulent fluid and extended down to the appendix vermiformis, causing symptoms of appendicitis. In fact a diagnosis of acute appendicitis was made and the operation was for that disease. There was in this case a diseased appendix which was removed and the gall-bladder drained, and a rapid and uneventful recovery followed.

Only when the hepatic or common duct is obstructed do we find hepatic enlargement. Cystic duct obstructions or cholecystitis does not obstruct the normal flow of the bile, therefore there is no enlargement of the liver, but it is different when obstruction of the hepatic or common duct appears. The tumors in gall-bladder disease are rapidly formed and may disappear suddenly if the obstruction is removed. Tumors that are slowly formed and without pain are to be looked upon with suspicion of malignancy.

For the lack of time, I am compelled to omit the differential diagnosis of this disease, neither can I discuss the localization of gall-stones.

Cholelithiasis is eminently a surgical disease and as the title of this paper is Surgical diseases of the Gall-Bladder, I will not attempt to say anything about medical treatment.

An operation for cholecystitis or cholelithiasis is only contra-indicated when a helplessly low state of the patient exists from toxemia, from bacterial infection, or a condition of prolonged and profound icterus.

There are several operations recommended and are applicable to the different conditions and complications that exist. Cholecystomy is perhaps the one most often indicated and is an operation almost entirely free from danger when done under aseptic conditions. This operation consists, as you well know, of opening the abdominal wall either just to the right or through the right rectus muscle, immediately over the gall-bladder, attaching the wall of the gall-bladder to the parietal wall of the abdomen, opening and evacuating the bladder and draining either with gauze or with a drainage tube. This operation is indicated for the removal of stones in the gall-bladder or cystic duct, for acute obstruction of the common duct, producing cholangitis or marked cholemia, and for infectious cholecystitis.

Ideal Cholecystectomy or Cholecystentesis, consists in evacuating the gall-bladder, and closing the wound without drainage. It is not an operation generally chosen, and the indication for its being done is infrequent. The mortality is very high, being about 18 per cent.

Cholecystectomy, an operation which consists in the removal of the entire-gall-bladder, is finding favor with many surgeons. Kehr, Gibson, Murphy, Mayo, and others being special advocates for this operation. This is a more difficult operation, and one in which the mortality is nearly twice as great as in Cholecystomy, and is indicated when a stone is wedged tightly in the common duct and hydrops or empyema has resulted.

The operation for draining the common duct or relieving it of an obstruction is called Choledochotomy. In this case the common duct is opened at or near the obstruction, and drained through the abdominal wound. The mortality of this operation is given from 37.6 per cent of cases collected by Kehr to nothing in those reported by Drs. Mayo.

DISCUSSION.

DR. WELCH heartily endorsed the sentiments of the paper, and urged upon the general practitioner the necessity for correct diagnosis of all gall-bladder troubles. He said that he believed that all gall-bladder diseases gave patient some trouble in one way or another, and related a case of a woman who had suffered indefinite symptoms for years—not enough, however, to necessitate consulting a physician. Finally, one day while turning the wringer, she felt a tearing sensation in her side, as of something giving way. Three days later, sent for physician, and was taken to the

hospital, where operation discovered a ruptured gall bladder, at least three pints of bile being cleared out of abdominal cavity, and intestines matted together from a general peritonitis; this was seven days after the rupture. The doctor thought that many cases of gastritis, gastric ulcer, etc., owed their origin to gall bladder involvement, and that exploratory operation was indicated in these cases; that medication was of no permanent value, except for relief of pain for the time being.

DR. HUGHES made a strong plea for early operation in all cases of suspected cases of gall-bladder involvement, and thought that a large number of cases were allowed to go on until too late to do them any good; that when neglected the blood became so saturated with bile that it would not clot, there being a constant oozing of blood, resulting in fatal hemorrhage. In his technique he said it was not necessary to attach bladder to abdominal parietes, but that it needed only to be stitched to peritoneal surface, and drainage tube introduced for two or three days; he protested against the habit of removing gall-bladder, unless the middle coat was involved, unnecessarily to remove it, unless seriously affected. The doctor cited a recent case of obstruction of bowel from gall-stones, one measuring four inches and another six and one half inches in circumference.

DR. MUNN thought that the mortality should not exceed one half of one per cent. He endorsed and recommended the use of the sand bag under the back of the patient, which caused intestines to gravitate lower into abdomen, making easy manipulation of gall-bladder and ducts. Reported case of man of 45 to 50, operated upon at Stormont Hospital some months ago. The man gave a history of some temperature, however, felt pretty well. Upon a thorough examination case diagnosed as a probable empyema, and operation recommended, which disclosed an extensive mass of adhesions and bile mixed with pus about location of gall-bladder. The mass was removed and site carefully washed out, and patient put to bed. We had fully expected to find twenty five or thirty gall-stones. We got to wondering what that material was which was removed, and examined it very carefully, and found thirty gall-stones.

DR. GLASSCOCK thought that this was a surgical disease, yet that there were many cases in which there was no call for operative measures; for instance, there might be an attack of hepatic colic, and where stone was small it would pass, and there be no further trouble for years—perhaps might never occasion a second attack. Where there was no obstruction of ducts stones might remain impacted in the gall-bladder indefinitely. He cited an interesting case where there was obstruction of duct,—the man being too weak for operation. The duct remained closed for four months, and then voluntarily opened up. Had an attack a few months later, but now, after an interval of seven or eight years, has had no further trouble. Another

case was of a man who dropped dead with heart disease, who never during life gave any evidence of gall-bladder trouble. Autopsy revealed 760 stones.

DE. DUVAL pointed out one of the "terminal routes" of gall-stones cases as being diabetes mellitus, and cited two cases under his care, who have for a number of years suffered recurrent attacks of gall-bladder trouble, and who now show very marked diabetes as terminal symptoms; that this is one of the things to be looked out for.

THE COUNTRY PRACTITIONER AS A SURGEON.*

B. R. RILEY., M. D.

Coyville, Kansas.

That the country practitioner should pose as a surgeon seems ludicrous to the larger part of the profession today, so great has been the retrograde change, which has almost imperceptibly taken place. The trend of the present surgical status is to decrease the ability of the one, and increase that of the other. We are educating the laity to lose all confidence in their family physicians and seek the advice of some hospital attache for every ailment, because of his "larger experience." The practice of medicine is a broad subject, and all of its branches cannot be fully grasped in detail by any one mind. So of necessity there must be specialists but just where the specialty begins and general work ends is a question that must be answered by each individual practitioner for himself. At present the lines are being drawn too closely and the tendency is to make the general practitioner in the country a weak man, at least in a surgical way.

That the average country practitioner is a fair diagnostician can hardly be disproved, and that his general practice makes him an all around man, cannot be denied, yet so thorough has been his so-called education in a surgical way, that he is willing to approach a case from all sides except the surgical. So thorough has been the training of the public, that if the general practitioner has a case at all, it either belongs to the specialist or is a case where some of the more elegant preparations of some pharmaceutical house alone are required. Almost all cases of surgery are given the glad hand on their departure for the city; because the country practitioner openly acknowledges the superior ability of his city brother. Right here I want to say that the city brother deserves this esteem, because his experience has

*Read before the Kansas Medical Society at Wichita, May, 1905.

been greater, since his knowledge of surgery has been added to by the cases sent him by the country practitioner.

The country practitioner has been so busy looking after the interests of medical cases that he has not even attempted a review of surgery from any standpoint. There are cases where the people are too poor to go to the city to receive surgical attention, and today those cases are neglected. Given a case of appendicitis in a very poor family, and the general practitioner in the country tries to resuscitate a treatment for a condition that one author says "There is no medical treatment," and after a steady advancement toward a fatal end bemoans environments, public opinion, etc., and watches death do its work without the least intimation of the city hospital, etc.; because he knows the financial, as well as the physical condition of the patient will not stand it. But if the case is in a well-to-do family the patient is advised to go at once to the city and receive surgical care for his condition; if the case be an acute attack, and yields to treatment, his patient will never consent to go during the interval between attacks; and when a second attack takes place, you hustle him to the station, place him on the train, and proceed to ship him to the city, and during the trip to the hospital from home, you have every chance of trouble from traumatism. Too many cases of appendicitis are sent to the hospital. When you look at the ill effects of travel, you certainly ought never to send a case of appendicitis to the city, except during the interval. If the country practitioner feels himself incompetent it is his duty to have the surgeon brought to his case of appendicitis instead of sending it to the city.

Strangulated hernia treated by the country practitioner, receives enough traumatic injury, generally, to kill before even an anesthetic is given, and from the beginning of the administration usually the injury to the parts is too great before complete anesthesia has taken place. The American Text Book of Surgery says that ten minutes is long enough to use taxis under complete anesthesia; but the country practitioner usually reads it "ten hours." There are so many cases of hernia throughout the country, who from year to year continue to burden themselves with trusses, and the country practitioner seldom, if ever, tells them of a radical operation for the cure of a condition that he knows can never be cured by truss wearing. So low is the mortality in these cases that operation for the radical cure should be advised by all, in almost all cases.

The country practitioner usually reduces a dislocation, or treats a fracture, and seldom, if ever, loses a great deal of sleep over the worst cases. Yet the city surgeon will approach a dislocation or fracture with the one thought, that it is a walking advertisement of either inferior or average ability, and actually loses more sleep over a simple fracture than over an abdominal section. Thus the country practitioner assumes the burden

of responsibility that seems to rest heavy on the city surgeon. Why? The public is accustomed to have fractures reduced at home.

If he accepts the responsibility and takes the chances that bring little money or prestige and may bring criticism and damage suits, why not attempt operations that bring money and fame with less chance of disgrace. The day is dawning when a country practitioner will refuse longer to act as shipping clerk for his proud city confreres.

Many a case of minor surgery is neglected until the damage done is too great to be easily repaired and thus becomes a case for shipment. The country practitioner who gives no thought to surgery other than to bemoan his environments and send his cases to the city, is the rule not the exception. Regarding environments, I wish to quote Ochsner's work on clinical surgery; after advising hospitals as the place for surgical work, he says:

As a matter of fact there is but one point to be borne in mind in the arrangement of a room for operating, namely, Infection, and that no wound infection is to be considered except from contact, not that infection from the air is absolutely impossible theoretically, but that practically a wound remains aseptic unless infectious material has been placed in it by dirty hands, dirty instruments, appliances or sponges, ligatures, sutures or dressings, unless the infectious material existed in the patient's body at the time of operation." and continues with this statement, "But in any case in which a clean surgeon with clean assistants and clean appliances, operates on a clean patient, it can be expected with a fair degree of certainty that the wound will remain aseptic, no matter what the surroundings may be."

That our environments are bad is true; but with all due respect to the hospital and city surgeon we can make the average home as sterile and our own hands as surgically clean, and if capable we can with impunity attempt the same work with the same assurances of success that the operator in the city has. We have even better chances for success by having, as a rule, patients who are in the beginning physically able to stand shock and are good subjects to withstand any ordinary complications in a surgical way. It may be true that certain cases belong to specialists, but it lies with the country practitioner to say whether it is so of surgical cases whether he send all of his major operations to the city or not.

Each country practitioner must be the judge as to where the specialist begins; and that decision must be arrived at conscientiously, leaving in the dark, public opinion. No man should allow public opinion to debar him from his duty. We should not overlook our duty toward our patient, be he rich or poor, and should ever hold before us the one thought—competency. We should not let conservatism take the place of common sense. Conservative surgery is all right but the country practitioner is too prone to neglect or omit and call it conservatism, when in reality it is as much mal-practice to neglect as it is to do wrong in the first place.

Unless there is a radical change, it will only be a short time until surgery will be an extinct feature of country practice, and if a change is to be made, it must be brought about by the country practitioner. He must do more surgery and competency is to be obtained by study and post graduate work. Every two or three years should find us spending our vacation at some post graduate school and visiting the hospitals and preparing ourselves for work. After we have become competent we can more easily overcome the few drawbacks of environment and let public opinion change to suit the occasion.

Speaking of the country practitioner from a surgical standpoint, we often wonder if the city surgeon does not look upon him as the soldier did "Dri" in Bacheller's work, "Dri and I," and think that he needs rest, etc. I think it time for the country practitioner to go on guard duty without the countersign and halt every case of surgery if he be competent.

DISCUSSION.

Dr. Hughes agreed with the writer of the paper that competency was the important point to be considered from the country practitioner's standpoint, and that as a rule the country practitioner was better equipped than his city brother. He spoke of a country practitioner of thirty years ago who had a case of compound fracture of the humerus and dislocation of the shoulder joint. He reduced the dislocation and dressed the fracture in his customary manner, with good results. Twenty-five years after that the question came up as to what to do in such cases, and the procedure was discussed. The old practitioner got up and said that twenty-five years ago he did not know enough to do anything other than in this way. The doctor thought that it should be a question of conscience, as well as competence, and that the country practitioner should be able to handle the average surgical case without having to send them to the cities for operation.

Dr. Sawhill commended the paper, and agreed with Dr. Hughes that the country practitioner should be able to do the average case of surgery that came to him; however, that the man who was doing all kinds of work was not apt to be prepared to do all the most intricate work of surgery, and that such work should be sent to the man doing special work in those lines. He mentioned a case of appendicitis upon which he operated with good results, and thought that every practitioner should be able and ready to do any and all such emergency operations, where the life of the patient was endangered by delay.

Dr. Blaisdell advised the equipping of ourselves in the best possible manner to be AS GOOD DOCTORS AS POSSIBLE, NOT SURGEONS, and then to let conscience and capability dictate how far we should go in any line. He said we should not be like the young doctor who wrote to a surgeon friend in the city and told him he wanted to witness an ovariectomy. The friend wrote back and set a certain day, and he attended. "I wanted to see this operation" said he, "because I have a patient who needs an ovariectomy. I want to see you do it, so I can perform one." Men are operating in the country as well as in the city, and are working out their own advancement. The doctor brought out the idea that "Necessity is the mother of invention," and that where a practitioner

was isolated he had to devise ways and means many times, but that he should not hesitate to call into use local hospitals, if occasion warranted it, rather than sending patients to distant ones.

Dr. Welch thought it but a question of experience and ability, and the power of gauging one's own capabilities, as to whether he should take the risk and responsibility of operating, or of sending to some one else; that many complications were liable to arise where the inexperienced man was liable to reach his limit, and get into trouble.

Dr. Biddle thought it absolutely impossible and beyond the power of the general practitioner to also be an expert surgeon, no man could be expert in everything; that it was a generally conceded fact that the expert surgeon was not a good general practitioner; that it was all right to do minor surgery, but that the work should be divided up, and capital operations turned over to the surgeon.

Dr. Axtell.—It seems to me that most men have solved the problem when they say that it is a question of experience and ability. No one can visit our medical schools today, and see and hear the classes, without knowing and realizing that we are sending out men today much more competent than those of twenty or thirty years ago. They are better educated than we old fellows were years ago. There is no question but that surgery is being well done with our later day technique and improved methods. I want to speak of the after care of patients. There will be many more lives saved if you have a competent man on the case after operation. Experience and ability count here as much as anywhere else. Now if the country practitioner has much riding and country practice to do, he has not the opportunity to get the practical experience necessary for the care of these cases, nor the time to attend to them properly. If you had a case of appendicitis you would go to the man who made a business of that kind of work; other people are about the same as you, and that is what they are going to do.

THERAPEUTIC ACTION OF CHEMIC SALTS.*

B. D. EASTMAN, M. D.

Professor of Materia Medica and Therapeutics in the Kansas Medical College,
Topeka, Kansas.

Chemic salts effect therapeutic action in two very distinct ways. The first is salt action, the second ion action. Some exert their action in one way, some in the other and some in both ways.

It is not the intention of this paper to go minutely into all the various therapeutic effects of chemic salts, but rather to consider the subject in a general way, citing principles and such examples as will illustrate the subject; detail would occupy several sessions of the society.

Taking up first the salt action of these substances we must consider the general physical properties of chemic salts.

*Read before the Shawnee County Medical Society, June 5, 1905. This paper lays no claim to originality. It is adapted, compiled and quoted from various sources, notably from "A Text Book of Pharmacology" by Torald Sollmann, M. D., Ass't Prof. of Pharmacology, etc., Medical Department of Western Reserve University, Cleveland, Ohio

1. HYDRODIFFUSION.

The hydrodiffusion of salts is similar in principle to the diffusion of gases. If two gases of differing, perhaps widely differing densities, are placed in one container, no matter if the heavier be carefully placed at the bottom and the lighter on top, there will be an interchange of molecules and ere long the gases will be uniformly mixed. If an aqueous solution of any salt be put in a vessel and water be carefully placed upon the top of this solution so as not to mix the two strata, there will be such an interchange of molecules of the salt and the water that the contents of the vessel will ultimately become a uniform solution of the salt. This action will take place more slowly than with the gases, but the result is the same. The explanation of this phenomenon is that the molecules of salt in the solution are continually moving to and fro. Some pass into the upper strata of water, whence continuing their to and fro motion a part return to the lower stratum but some remain in the upper. The continuation of this process results ultimately in an equal distribution of the whole salt in the total water.

2. OSMOSIS.

Hydrodiffusion is at the foundation of osmosis. If the salt solution and the water be separated by a membrane which admits the passage of both the salt molecules and the water molecules, the hydrodiffusion will go on to completion through the membrane, though more slowly.

This property by which liquid and crystalline substances in solution pass through porous septa is called osmosis.

Manifestly the quality of the membrane controls osmosis. If both the solvent and the solvend pass with equal facility osmosis will be entirely free in both directions. Such membrane is called permeable. But certain membranes permit the passage of one sort of molecule (usually the solvent) and do not permit the passage of the other (usually the solvend). Such membranes are called semipermeable. This property of the membrane modifies materially the process of osmosis and develops osmotic pressure or osmotic tension, or in other words force with which certain substances push through the membrane. This, under favorable circumstances, is a great and unexpected force. It is not practicable to measure this force in living membranes, but certain experiments are very suggestive. Certain vegetable cells will burst when placed in water, a bladder filled with salt solution and immersed in water will burst, both depending on osmotic pressure or tension. The phenomena of osmotic pressure is not confined to natural membranes, vegetable or animal. Indeed for experimental purposes, artificial membranes are preferable and are formed by filling a fine grained, unglazed porous porcelain pot with a solution of potas-

sium ferro-cyanide and immersing it in a solution of copper sulphate. The two solutions meet in the walls forming a film of copper ferro-cyanide which constitutes a semi-permeable membrane (permeable to water and not to sugar) supported by the walls of the porous cup. When such a membrane bearing pot, fitted with a tight stopper and a graduated expansion tube, is filled with a solution of cane sugar and immersed in a vessel of water, the osmotic pressure developed by the water pushing through to get at the sugar solution will raise a column of water 66 feet*

Furthermore the osmotic pressure bears a fixed ratio to the concentration of the solution. A one per cent solution gives in round numbers a pressure of 500 millimeters of Hg.; a two percent, 1000 millimeters; a four per cent, 2000 millimeters. Of course it is impossible that any substance introduced into the body can develop an osmotic pressure anything like that which can be shown in the laboratory where conditions are arranged to facilitate and conserve the phenomenon. But these laboratory experiments show what a great force is evoked, for good or ill, even in the administration of an ordinary dose of salts.

Each chemical substance has its own atomic equivalent or molecular weight. A gram-molecule is the atomic or molecular weight expressed in grams. The molecular weight of hydrochloric acid, for instance, is 36.4. A gram molecule of hydrochloric acid is 36.4 grams. A gram-molecule hydrochloric acid solution contains 36.4 grams of pure acid diluted to make one litre. Now, if two solutions having the same molecular concentration, (that is, having their concentration proportioned to atomic weight and called equimolecular,) are separated by a semipermeable membrane, impermeable to the solvents, there will be no passage of liquid through the membrane, no osmotic tension. Such solutions having the same molecular concentration and osmotic tension, are called isotonic to each other. In general physiological work, isotonic refers to comparison with the blood.

In illustration, the molecular weight of sodium chloride is 58.4 and of potassium chloride is 74.4, hence a 5.84 per cent solution of sodium chloride and a 7.44 per cent solution of potassium chloride, will be isotonic. If separated by a permeable membrane there will be no osmosis or exchange of molecules, the two solutions are in equilibrium. If, however, one solution has a higher molecular concentration than the other, water will pass from the weaker to the stronger until both have the same molecular concentration. In such case the stronger solution is called hyperisotonic and the weaker hypoisotonic. Both are called anisotonic. Another class of membranes most common in the body and of most practical importance, are freely permeable to water, partly permeable to salts but more permeable to some salts than to others and are termed partly semipermeable. With

such a membrane the osmotic results will lie between that of permeable and semipermeable membranes. Thus we have:

1. Permeable membranes, freely permeable to solvent and solvend.
2. Semipermeable membranes, freely permeable to one sort, usually solvent, impermeable to another, usually the solvend.

3. Partly semipermeable membranes freely permeable to water, but more permeable to some salts than to others. This type of membrane is the most common in the body. Illustrating this third, or partly semipermeable membrane, if we have a membrane perfectly permeable to water and to sodium chloride and entirely impervious to proteids, separating solutions of these substances, the sodium will be diffused until the two solutions of this salt be of the same concentration; but the proteid will remain on its original side. With this kind of a membrane the weakest proteid solution would be hyperisotonic to the strongest solution of sodium chloride. Or, again, if a membrane wholly permeable to water and twice as permeable to sodium chloride as to sugar, separate solutions of these substances, these solutions will diffuse but the molecules of sodium chloride will pass twice as rapidly as the molecules of sugar and the sugar solution will become hyperisotonic to the other, but in time the sugar itself will be equally distributed and the two solutions become isotonic.

It is by means of the differing permeability of their walls to differing substances that the cells are able to maintain their integrity even under ever changing conditions of environment. All cells are comparatively impermeable to proteids, while their permeability to other substances varies materially in different parts. For instance the cells of the intestinal walls are impermeable to sulphates, which pass the kidneys readily. If a membrane be impervious both to solvent and solvend, there can be no osmosis and no osmotic pressure.

LAWS OF OSMOSIS.—SUMMARY.

1. Solutions separated by a membrane permeable to the solvent, tend to an identical molecular composition.

2. If the membrane be perfectly permeable to the solvent and the solvend the exchange of molecules will take place without change in pressure or volume.

3. If the membrane is less permeable to the solvend than the solvent, an increase of liquid or an increase of tension will occur in the stronger solution.

4. If a membrane is differently permeable to one solvend than to another, equimolecular solution of the less diffusible substance will be hyperisotonic to the more diffusible.

5. The osmotic action of chemic salts is essentially a physical action.

(To be continued.)

BOOK REVIEWS.

Clinical Treatises on the pathology and therapy of disorders of metabolism and nutrition by Prof. Dr. Carl von Noorden, Physician in chief to the city hospital, Frankfurt-am-Main. Authorized American edition translated under the direction of Boardman Reid, of Philadelphia.

PART VI, DRINK RESTRICTION, particularly in obesity, by Prof. Carl von Noorden and Dr. Hugh Salmon. Cloth, small 8 vo., pp 86. New York, E. B. Treat & Co., 1905. Price 75c.

In this volume Dr. Solomon and Prof. Von Noorden discuss the history of drink restriction and relate their experience with patients. The real difficulty in the matter is to obtain a criterion by which to judge the effects of the treatment. The examination of the blood as to the number of the of corpuscles, the percentage of hemoglobin, the specific gravity, and the freezing point have all been employed without showing and results that correspond to the general therapeutic effects. While Von Noorden employed all these in his tests, he paid more attention to the weight of the patient and the combustion of oxygen, the latter because Oertel and Schwerninger (the man who has that tremendous political pull at Berlin and makes himself so obnoxious to his scientific colleagues) have maintained that when the fluid in take is restricted then the fat of the body is split up to form water and thus the obesity disappears. Our authors found however, that it was not the fats but the proteids of the body which were split up by the water restrictions--but even that was very slight. Further, the weight was but slightly decreased. All this hardly paid for the agonies of thirst and loss of appetite through which the patients passed in the process of the "cure."

The real therapeutic value, according to Von Noorden, of drink restriction lies in the fact that it lightens the work of the stomach and heart. It is therefore of value in heart diseases, gastrectasis, and in obesity to that extent (because in obesity these organs are generally overtaxed.) In chlorosis the thirst cure is a good initial treatment for the iron. In hepatic cirrhosis, it is of occasional value.

The translation is well done and the booklet well gotten up. The reading of these well worked out contributions cannot be otherwise than helpful.

Lectures to General Practitioners on the Diseases of the Stomach and Intestines with an account of their relations to other diseases and of the most recent methods applicable to the diagnosis and treatment of them in general; also the gastro-intestinal "clinic," in which all such diseases are separately considered, by Boardman Reed,

Professor of Diseases of the Gastro-intestinal Tract, Hygiene and Climatology in Temple College, Philadelphia, illustrated. New York, E. B. Treat & Co., 241-243 West 23rd street, 1904. Price \$6.00.

If Ex-President Reynolds' dictum be true, that it is worth while to buy a book even if one get only a single idea out of it, then this book is worth buying for in its discursiveness it offers many points of great practical value. The author writes for the general practitioner and discusses matters and things in a charming conversational way. Thus he takes up the matter of vibratory stimulation, massage, electricity, and the other late suggestions in therapeutics and thus affords the reader a check on the literature on these subjects which has hitherto emanated chiefly from the promoters of the various kinds of apparatus employed. The book is not the product of an "authority" but rather of a practical physician who is more interested in curing his patients than in establishing any scientific dictum.

We have found the book refreshing because it cuts loose from many of the time honored maxims of the gastrologists. Let me quote some useful statements.

"But let me warn you to place no faith in the pharmaceutical monstrosities which are said to contain pepsin combined with pancreatin, with which it is positively incompatible, nor those in which it is combined with wines or any preparation of alcohol which, except in the weakest dilutions, interfere with its action."—Page 347.

"Certain writers have asserted that an alkali given before eating always increases the secretion of HCl , and given after meals lessens it. This is not true. This piece of misinformation has been handed down from the time of Sydney Ringer at least."—Page 351.

The author makes a valuable distinction between sthenic and asthenic catarrhs and shows how the treatment must be opposite. His hobbies are intragastric electricity and massage—and a valuable team they make.

STATE BOARD QUESTIONS.

SURGERY.

April 25, 1905.

1, Name four primary forms of club foot. 2, Give etiology, diagnosis and treatment of traumatic gangrene. 3, Give nomenclature, diagnosis and treatment of the several varieties of abdominal hernia. 4, What con-

dition would lead you to pronounce the case appendicitis? 5, A man is shot through the right lung with a 32 revolver. How would you manage the case and the probable resulting complications. 6, Describe a subglenoid dislocation and your method of reduction. 7, In the local treatment of chronic ulcers of the leg, at least three leading indications present themselves. Name them. 8, Lachrymal fistula—give cause, symptoms and remedy. 9, Name some causes, symptoms and treatment of caries of the bone, also prognosis. 10, After reducing a fracture of the shaft femur, between trochanter minor and junction of the upper with the middle third, in what position would you dress the limb, and why?

July 12, 1904.

1, Describe the varieties of talipes. 2, Describe the indications for and the technique in tracheotomy. 3, Describe the operation of median and suprabubic lithotomy. 4, When is excision of a joint advisable and what are the conditions of success? 5, Describe and treat a case of Lumbar abscess. 6, Describe and treat a fracture of the patella. 7, Describe and treat a fracture of the femur external to the capsular ligament. 8, What do you understand by tertiary syphilis? What are some of the diagnostic points, and what are the principal symptoms that have appeared at various times from the initial lesion to the present stage. 9, What are the indications leading you to suspect injury to the "isle of Reil"? 10, Describe the local and constitutional symptoms and treatment of traumatic gangrene.

October 11, 1904.

1, Diagnose and describe treatment of fracture of acromion process. 2, Diagnose and describe treatment of a case of Colles fracture. 3, Dislocations are characterized by a certain train of symptoms. Name six of them. 4, Differentiate between inguinal hernia hydrocele and varicocele. 5, Describe surgical operation for the cure of fistula in ano. 6, Describe surgical treatment for empyema. 7, Give diagnostic symptoms of hemorrhage from middle meningeal artery and treatment for same. 8, At what point would you tap for ascites; for hydrothorax? 9, Distinguish between concussion and compression of the brain. 10, Name principal cause, symptoms and treatment for tetanus.

MATERIA MEDICA.

July 12, 1904.

REGULAR.

1, What is lactic acid and its uses? 2, What substances are incompatible with antipyrine? 3, What are the physiological actions of cannabis indica? 4, What is ether? 5, What are the preparations and doses of stramonium? 6, What are the uses of hyoseyamus and alkaloids? 7,

What is duboisia? 8, Name the antispasmodics. 9, What are antispasmodics? 10, What is the physiological effect of tannic acid?

ECLECTIC.

1, Define infusion, decoction, emulsion, powdered extract, solid extract, fluid extract, tincture, and specific tincture. 2, What do you understand by diaphoretics, antipyretics, anthelmintics, antiseptics, cholagogues and hydragogues? Name one remedy in each class. 3, Prepare a mustard plaster; a fomentation of *Ulmus fulva*. 4, What are the therapeutic properties of libradol, juniper, pomade, Fowler's solution, acid solution of iron nephrosin? 5, Give the scientific names for black snake root, wahoo, buglewood, jimson weed, saltpeter, calomel, corrosive sublimate, hops, slippery elm, Indian hemp, pleurisy root, Peruvian bark. 6, Name the different products obtained from Peruvian bark, the Chinese poppy, soda, potash, deadly nightshade. 7, Would you prescribe *Erythronium aquaticum* and *Rhus aromatica* at the same time in any case. Why? 8, What is an A. C. E. Mixture? 9, What is the official strength of tr. iodine. 10, Name the green tinctures and state why so called.

HOMEOPATHIC.

1, Explain the law of similars and give the Latin formula. 2, Define a nosode and give an example. 3, Is the law of similars the only law of cure? If not describe others. 4, What is the definition of the word "polycrest"? 5, Differentiate between *Bryonia* and sulphur in diarrhea. 6, Give the leading characteristics of a proving of (a) *Pulsatilla*, (b) *Arsenicum*, (c) *Rhus tox.* 7, Give five prominent symptoms for *Baptisia* in typhoid fever. 8, What are the typical constitutional conditions requiring *Calcarea carb.*? 9, Give indications requiring *Merc. cor.* in Bright's disease. 10, Differentiate between phosphorus and antimony tartrate in pneumonia.

October 11, 1904.

REGULAR.

1, In what diseases is opium used principally? 2, Name the excitomoters. 3, What are the preparations and doses of conium? 4, Is ether ever used as a cardiac stimulant? 5, How should poisoning by digitalis be treated? 6, What are the medicinal uses of *Ipecac.*? 7, What substances are incompatible with belladonna? 8, What are the effects, uses and doses of calcium chloride. 9, What are the preparations and doses of the gold salts? 10, Name the mineral tonics.

ECLECTIC.

1, Give the common and official name of *Macrotys*, its dose, preparation and specific indications for its use. 2, Give specific indications and conditions for the use of sulphite of soda, phosphate of soda, and dose.

3, Give the dose of bryonia and specific indications for its use. 4, What is compound stilingia liniment and its use. 5, Give the uses of compound neutralizing cordial and its composition. 6, Give the use, dose and specific indication of jaborandi. 7, Give the specific indication for the use of veratrum viride. 8, Give botanical description of lobelia inflata and specific indications for its use in every condition you would use it in. 9, Give the specific indications for the use of sulphide of calcium and the doses you would use it in; also of sulphur. 10, Give specific indications for the use of permanganate, chlorate, acetate, iodide and bromide of potassiums.

HOMOEOPATHIC.

1. Give an outline of a proving of sulphur. 2, Describe a case of intermittent fever requiring eupat. perf. 3, Differentiate between bryonia and sulphur in diarrhea. 4, Give an outline of berberis vulg. 5, Differentiate between belladonna and hyoscyamus in mental, throat and stomach symptoms. 6, Describe the toxic effects of arsenic on the circulatory and digestive tracts. 7, Name antidotes to arsenic, strychnine, aconite, and belladonna. 8, describe a case in which you would prescribe ambra. 9, Name pathological conditions in which cimicifuga rac. is indicated. 10, What do you understand by polychrests?

April 25, 1905.

REGULAR.

1. What effect does disease have upon the influence of medicines on the system? 2, What are the physiological actions of pepsin, pancreatin, and ingluvin? 3, What medicines are incompatible with the iron preparations? 4, What substances aid the absorption of phosphorus? 5, What are the symptoms and treatment of acute arsenical poisoning? 6, What is chloral? 7, What are the official bromides? 8, Is antipyrine a mydriatic anodyne? 9, What are the effects and uses of valerian? 10, What are depresso-motors? Name the members of this group.

ECLECTIC.

1. Give botanical description, habitat, dose and specific indications for veratrum viride. 2, What are diuretics? Name six and give the specific indications for each. 3, Give the common and official names of hydrastis, its different preparation, dose and specific indications for its use. 4, Give dose of nux vomica and indications for its use. 5, Common and official names of black snake root. In what diseases is it especially indicated? Preparations and dose. 6, Give botanical description of belladonna, its preparations, and specific indications for its use, and dose. 7, What remedies would you give in a case where there was increased respiration, increased temperature, pulse big, full and bounding, sharp, lacerating pains in pleura,

face flushed and red, eyes bright and pupils contracted? 8, What is asepsin, and give its use? Also give common and official name of phytolacca, dose, and specific indications for its use. 9, Give indications for use of acids and alkalies. 10, Give indications and dose of (a) apocynum; (b) apis mellifica; (c) rhus tox. and boracic acid.

HOMEOPATHIC.

1, Distinguish between sulfur and nux vomica in bowel trouble. 2, Name principal remedies for typhoid fever. 3, Differentiate between phosphorus and bryonia in pneumonia. 4, Differentiate between verat alb. and arsenicum in cholera. 5, Differentiate between verat. viride and aconite in fevers. 6, Differentiate between mere. sol. and podophyllum in malarial troubles. 7, Give the symptoms common to both belladonna and hyoscyamus. 8, What would you prescribe for a tight cough, with rawness behind sternum, and a general constricted feeling of the chest. 9, Give an outline of a "prooving" of lycopodium. 10, Write all you know about echinacea.

July 12, 1904.

ECLECTIC.

1, In typhoid fever, (a) name three points in etiology, (b) four symptoms and (c) name six common remedies in its treatment. 2, Give specific indications for the six remedies you mentioned in question No. 1. 3, As an external application in pneumonia, which of the following do you prefer: Mush jacket, antiphlogistine, librodol, or compound emetic powder and lard? Tell why in five lines. 4, Name and give specific indications for six remedies to be thought of in the treatment of renal diseases. 5, Name five points in diagnosis of arthritis of the knee joint. 6, Give treatment for arthritis. 7, How would you treat a case of appendicitis if brought to you in its incipency? 8, Name eight remedial means or medicines to be thought of in a case of chronic gastritis and tell when each is indicated. 9, Name three common causes of dropsy. 10, Mention briefly the conditions which will cause you to give (a) mur. acid, (b) echinacea, (c) sulphite soda, (d) kali. chlor., (e) baptisia.

HOMEOPATHIC.

1. Differential diagnosis between renal and hepatic calculi and appendicitis. 2, Give differential diagnosis between hemorrhage of the lungs and stomach. 3, Give the diagnosis and treatment of acute cystitis. 4, Differentiate between acute enteritis and colitis and give treatment of each. 5, Give the varieties of peritonitis and symptoms and treatment. 6, Give the diagnosis and treatment of acute mastoiditis. 7, Give the etiology, symptoms and treatment of acute mastitis. 8, Give the sym-

ptoms and treatment and prognosis of nasal diphtheria. 9, Give the symptoms and treatment of empyema of the mastoidantrum. 10, Give the diagnosis and treatment of aneurism of the arch of the aorta.

REGULAR.

1, Diphtheria diagnosis, prognosis and treatment. 2, Purpura diagnosis and treatment. 3, Give diagnosis, prognosis and treatment of acute bronchial catarrh. 4, Write a page on the sounds of the heart. 5, Tell what abnormal sounds of the heart indicate. 6, Give diagnosis and treatment of acute peritonitis. 7, Name the chronic diseases of the liver. 8, Give the different steps in the examination of the urine. 9, Write a page on epilepsy. 10, Chorea diagnosis and treatment.

THEORY AND PRACTICE.

October 11, 1904.

ECLECTIC.

1, Name and describe a group of symptoms known as "typhoid." 2, Give the remedies and their indication that will counteract those conditions. 3 Define specific medication and specific diagnosis. 4, Give the indications calling for quinine, nux, iris, echinaea, eryngium, gelsemium, and blackhaw. 5, Diagnose and treat a case of cystitis, ovaritis and uterine colic. 6, Diagnose and treat a case of summer diarrhea in a child. 7, How do you use the various coal-tar products? 8, What is meant by determination of blood to a part? 9, Name five remedies that act directly upon heart and give their specific indications. 10, Diagnose and treat a case of acute articular rheumatism.

HOMEOPATHIC.

1, Give symptoms, diagnosis and treatment of acute bronchitis. 2, Give etiology and treatment of earache. 3, Differentiate between heat-stroke and sunstroke, and give treatment in each. 4, Give symptoms and treatment of "impetigo contagiosa." 5, Differentiate between acute nephritis and acute cystitis. 6, Describe in detail the symptoms and treatment of gonorrhea conjunctivitis. 7, Give symptoms and treatment of cerebrospinal meningitis. 8, Describe symptoms and give treatment of pyelitis. 9, Describe in detail the symptoms and treatment of peritonsillar abscess. 10, Differentiate between intercostal neuralgia, pleurodynia, and pleurisy.

REGULAR

1, Define dysentery and give treatment. 2, Define jaundice and give treatment. 3, Diagnose and give treatment for acute cystitis. 4, Give symptoms of appendicitis. 5, Give treatment of hemoptysis. 6, Differ-

entiate appendicitis from diseases of the ovary. 7, Give diagnosis and treatment of diphtheria. 8, Define cyanosis; what does it indicate. 9, Name some results of syphilis. 10, Give treatment of syphilis.

April 25, 1905.

ECLECTIC.

1, Name five agents which influence the blood and give the pathological condition calling for each. 2, (a) What are the symptoms of dysuria? (b) What are the remedies indicated for its relief? 3, Diagnose and treat a case of croup. 4, To what do the eclectic physicians of the country attribute their success? 5, Name the remedies used in typhoid conditions. 6, (a) Treat a case of snake bite, (b) give your theory for such treatment. 7, Give diagnosis and treatment of puerperal septic infection. 8, (a) Differentiate suppression and retention of urine. (b) treat each. 9, Name four remedies that are prominently indicated by the appearance of the tongue. 10, (a) What is your belief in regard to cathartic remedies? (b) Name five, (c) tell how they act and when contraindicated.

HOMEOPATHIC.

1, Describe the normal respiratory sounds and movements. 2, Describe the method of physical examination of the chest. 3, Give differential diagnosis between chronic rheumatism, arthritis deformans and gout. 4, Define gastralgia, give causes and symptoms, diagnosis, prognosis and treatment. 5, Define and give causes, pathological anatomy, symptoms, diagnosis, prognosis and treatment of sclerosis of the liver. 6, Define, give causes, pathological anatomy and symptoms of pyelitis. 7, Define, give causes, symptoms, diagnosis, prognosis, and treatment of acute uraemia. 8, Define, give causes, pathological anatomy and treatment of acute catarrhal pharyngitis. 9, Give causes, symptoms, diagnosis and treatment of vertigo. 10, Give causes, symptoms and treatment of cholera infantum.

REGULAR.

1, Define acute pericarditis. Give symptoms. 2, Give the normal quality of urine. Give test for albumin, for sugar, and test for uric acid. 3, Amyloid kidney—definition; diagnosis. 4, Chlorosis—symptoms; treatment. 5, Muscular rheumatism—symptoms; treatment. 6, Hydrothorax—definition; treatment. 7, Migraine—definition; treatment. 8, Spinal meningitis—symptoms; treatment. 9, Locomotor ataxia—definition; diagnosis. 10, Scabies—definition; treatment.

NEWS ITEMS.

Dr. Frank Eckdall has been appointed local surgeon for the Santa Fe System in Emporia.

Dr. H. L. Cornell and family, who went to Burmah in October, 1903, have returned to Burlingame.

Dr. Chas. H. Lerrigo has been appointed a member of the State Board of Health, vice Dr. Chas. Lowry, deceased.

The **American Public Health Association** will meet in Boston September 25-29. **Dr. F. F. Westbrook**, of Minneapolis, Minn., is president.

Dr. Lot D. Mabie, Kansas City, has been appointed county physician of Wyandotte County, vice **Dr. J. Frank Hassig**, Kansas City, resigned.

Dr. Seth Grant, a graduate of the department of medicine of the University of Michigan, died suddenly at Auburn, Kansas, August 5. Age 72.

W. Flemming, M. D., professor of anatomy at Kiel, noted for his pioneer research on cell development and pathology, died at Kiel, August 5, aged 62.

Dr. Robert R. Teller, Arkansas City, who was recently operated on for cancer of the throat in Winfield has been discharged from the hospital, recovered.

P. Schech, M. D., professor of laryngology at Munich, died July 1, aged 60. He bequeathed \$500 to the local endowment for the widows and orphans of physicians.

Charles Lowry, M. D., Pennsylvania, 1863, for two years secretary of the Kansas State Board of Health, died at his home in Topeka, July 11, from kidney disease, aged 64.

Dr. Lewis H. Munn, Topeka, has been appointed medical referee for the Kansas agency, and chief medical examiner for the Mutual Life Insurance Company, of New York, at Topeka.

Must Fumigate Schoolhouses.—The State Board of Health has issued an order that every school house in the state must be fumigated before the opening of the school term in September.

Joseph A. McKenzie, M. D., Kentucky School of Medicine, Louisville, 1879, died at his home in Eldorado, Kas., June 25, five days after an accident in which he was thrown out of an automobile and seriously injured, aged 65.

Health Board Elects.—At its annual meeting, June 27, the State Board of Health elected Dr. Joseph B. Carver, Fort Scott, president and Dr. B. J. Alexander, Hiawatha, vice president. The secretary, Dr. S. J. Crumbine, Dodge City, holds over.

Dr. John Van Vliet attempted suicide at his home in Wheaton August 7 by drinking carbolic acid. He died that night. Dr. Van Vliet returned recently from Kansas City, where he was a patient in a hospital. Brooding over ill health is assigned as the cause of the suicide.

Herman Nothnagel, M. D., the great Vienne clinician, instructor and investigator, died suddenly, July 6, from the effects of arterio-sclerosis of the heart, aged 64. He had attended to his daily round of professional duties, not returning home from his last call till half past ten, and the heart failure occurred soon after. He was born in Bradenberg and became assistant to Leyden in 1865, then assumed a professorship at Freiburg and later at Vienna which he made world-famous by his incumbency. He has been a member of the Austrian House of Lords since 1902, and has had all kinds of honors heaped upon him. Many of his works are as well known in this country as abroad, especially his studies on the physiology and pathology of the nervous system, on epilepsy, and on intestinal and peritoneal affections. His saying that "only a good man can be a good physician" is one of the axioms of the profession nowadays, and well illustrates his own view of life.

K. Wernicke, M. D., one of the most prominent neurologists of the day, succumbed recently to the immediate consequences of a bicycle accident while on a tour in Thuringia, aged 57. His labors to supply a scientific foundation for psychiatry in the pathology of the brain have accumulated a wealth of data which will supply a field for research for many years to come. He was one of the principal creators of the modern anatomy of the brain, and was the originator, at 26, of the present conception of aphasia and its pathological basis. Fuchs styles this "the first work that bridged the gap between mental disease and morbid processes in the brain." Wernicke was the first to describe the pupil reaction in hemianopsia and the processes in hemorrhagic polioencephalitis. He studied medicine at Breslau and was assistant to Neumann and Westphal for a time, was appointed professor at Breslau in 1890 and at Halle in 1904. History records that he was the first to locate a neoplasm in the brain and systematically proceed to order its removal. This was as long ago as in 1882, and he is thus said to be the founder of surgery of the brain.

New Hospitals.—Larned is to have a new fifteen room hospital. The corner stone of the new Allen county hospital at Gas City was laid July 4. The Mennonites are building a new hospital at Newton.

John Morgan Ramsey, M. D., St. Louis College of Physicians and Surgeons, died at his home in Silver Lake, Kas., March 19, from laryngeal and pulmonary tuberculosis, after an illness of one year, aged 41.

List of New Members of the American Medical Association during the month of June, 1905. Alexander, J. B., McPherson; Cole, C. W., Norton; Davis, O. P., Topeka; Scott, T. W., Stafford; Schoor, W. F., Hutchinson.

New Hospital For Wellington.—Mrs. A. E. Peck is fitting up the old Piatt Home in Fifth ward for hospital purposes and expects to be open for patients about August 1. There will be wards provided for twelve patients and an operating room. Everything will be modern and first-class. There will be one trained nurse in attendance and more when needed. The hospital will be open for all physicians and their patients. The Piatt home, large, commodious house, and well located for a hospital. It is hoped that Mrs. Peck will meet with encouragement as Wellington needs an institution of this kind.. The rates are: Room, board and nursing, \$10 to \$30 per week; Ward rooms, \$10 per week; Use of operating room, \$3.00. In ordinary cases nurse is supplied free. Extra charge in cases requiring special care. Terms are cash, one-half in advance.

Geuda Springs Water.—"Geo. W. Adams returned Friday from Winfield, where he has been attending district court, and reports that the injunction case of John Jablin, proprietor of the Loomis hotel against Jas. L. Tuttle, owner of Geuda Springs, was decided by Judge Swarts in favor of his client, Mr. Jablin. This case was tried some weeks ago and was taken under advisement by Judge Swarts until yesterday, when the court handed down his decision, granting an injunction against Mr. Tuttle, restraining him from closing the springs as against the guests of the Loomis Hotel. This case has been watched with much interest by lawyers and people generally, on account of the legal points involved respecting water rights in land not owned by persons claiming such water rights. The effect of this decision is that Geuda Mineral Springs will be accessible to all others who may go there either for health or pleasure."—Wellington Eagle.

Licensing Examination.—Dr. Geo. F. Johnston, Lakin, reports the written examination held at Kansas City, April 25–27, 1905. The number of subjects examined in was 15; total number of questions asked, 100; percentage required to pass, 75; The total number of candidates examined was 108, of whom 97 passed and 11 failed. The following were represented:

PASSED.

COLLEGE	YEAR GRAD.	PER CENT.
Rush Medical College.....	1904.....	83
Kansas City Medical College (1905) the grade of 76 was reached by one, 77 by three, 78 by four, 79, by three, 80 by seven, 82 by one, 83 by three, 86 and 87 by one each.		
Central Medical College, St. Joseph.....	1905.....	81, 78, 81, 79
University Medical College, Kansas City, Mo....	1905.....	the grade of 76 was reached by one, 77 by three, 78 by five 79 by five, 80 by five, 81 by three, 82 by two, 84 by one, 85 by three.
Homeopathic Medical College, Kansas City, Mo..	1900.....	77
Beaumont Medical College.....	1898.....	78
	1905.....	79
Ensworth Medical College.	1905.....	78, 79, 80
Medico-Chirurgical College, Kansas City, Mo....	1905.....	76, 80, 80, 77, 81, 81,
University of Louisville.....	1897.....	75
	1904.....	78
Louisville Medical College.....	1898.....	80
Hahnemann Medical College, Chicago.....	1876.....	76
Kansas Medical College, Topeka.....	1905.....	the grades of 75, 77, and 78 were reached by one each, 79 was reached by two, 80 by four, 81 by two, 83 84, 85 and 87 were reached by one each.
Eclectic Medical Institute, Cincinnati	1905.....	78, 80.
University of Nashville	1904.....	79
Ohio Medical College.....	1904.....	79
College of P. & S., Kansas City, Kas.....	1905....	80, 82
College of P. & S., St. Louis	1905.....	80

FAILED.

College of P. & S., Keokuk.....	1895.....	74
Ensworth Medical College	1904.....	73
Central Medical College	1905.....	73
Eclectic Medical University.	1905.....	70

Ohio Medical College.....	1903.....	74
Northwestern University.....	1897.....	72
Hahnemann Medical College, Chicago.....	1890.....	73
Medico-Chirurgical College, Philadelphia.....	1892.....	70
Barnes Medical College.....	1896.....	71
Missouri Medical College.....	1900.....	74
Gross Medical College.....	1902.....	72

The general average attained by all representatives of the Kansas City Medical College who passed was 80.4; of University Medical College 79.5; of the Medico-Chirurgical College of Kansas City, 79.1; of the Kansas Medical College, 80.6 (From JOURNAL A. M. A.)

Measurements of the Pelvis.—At the meeting of the American Gynecological Society held in Niagra Falls, May 25.27, 1905, a committee composed of Drs. A. F. A. King, William Williams, Edward P. Davis, reported that they were able to define a typical head and pelvis, giving measurements which should be standard for teaching purposes, as follows:

EXTERNAL MEASUREMENTS OF THE PELVIS.

Iliac Crest	11 inches
Infraspinous	11 $\frac{1}{4}$ inches
External Conjugate	8 inches
External Oblique	8 $\frac{3}{4}$ inches
Bitrochanteric	13 inches

INTERNAL MEASUREMENTS OF THE PELVIS.

Conjugata Vera	4 $\frac{1}{4}$ inches
Diagonal	5 inches
Transverse	5 $\frac{1}{4}$ inches
Anteroposterior	3 $\frac{3}{4}$ —4 $\frac{1}{4}$ inches
Transverse	4 $\frac{1}{4}$ inches
Depth of Pelvis at symphysis pubis	2 inches
Depth of Pelvis at tuberosities of ischia	5 inches

DIAMETER OF HEAD.

Occipitometal	5 $\frac{1}{4}$ inches
Occipitofrontal	4 $\frac{1}{2}$ inches
Frontometal	3 $\frac{1}{2}$ inches
Biparietal	3 $\frac{1}{2}$ inches
Trachelobregmatic	3 $\frac{1}{2}$ inches

NEWSPAPER NOTORIETY.

BURLINGAME, KAS., AUG. 12, 1905.

DR. G. H. HONIE, Kansas City, Kas.

DEAR DOCTOR:—I guess we have about the worst of any town of our size in the state. I am enclosing a clipping from one of our local papers which is self explanatory. The editor assures me that the notice was paid for at full reading matter rates. You can use your pleasure about publishing this notice in the JOURNAL. I think, however, that a little publicity in matters of this nature would have a tendency to stop them, for if a doctor(?) knew that when he so far forgot his profession as to indulge in such flagrant violations of the ethics of the profession as this, his record will precede him if he attempted to locate elsewhere in the state, it might check his desire to profit by knocking on his competitors.

Yours fraternally,

J. A. CONNOR.

AN ANNOUNCEMENT.

To the People of Burlingame: As a citizen of Burlingame, and having the interest of her people at heart, I want to address a few words to you at this time along an important medical line. You are all aware that death is working its ravages every summer in this and almost every community, in taking our infants from us by summer complaint and cholera infantum. I am prepared to say to you that these two diseases are, by proper treatment, absolutely curable in every case, and that by the use of up-to-date methods and good medicines thousands of physicians all over the country are curing every case. I have used these same methods for several years and have never lost a case. In fact, I have never lost a child from any acute disease since I have been practicing medicine, and you well know that I have successfully handled some of Burlingame's most severe and critical cases of illness among children. I give special attention to acute diseases and especially the diseases of children. In the summer bowel complaints of children from any cause, I will guarantee a cure in every case or ask no pay, and will also agree to furnish the medicine free on every case. I have my own stock of fresh drugs in my office, and will furnish at first hand, direct from my office, all drugs used on my cases. In going to the country on cases I do not send you back to town to get prescriptions filled, and cause you to lose time in getting patients started on medicine, but have all necessary medicines in my buggy to meet every requirement for the first day or two, and if other medicine is necessary, I prepare and bring it the next day.

You can call this advertising if you want to, but if by a little advertising you can the sooner find out what I can do for you, and thus be the means of saving your little ones for your joy and comfort during this present summer season instead of allowing the Burlingame cemetery to be the receptacle of so many of them, I think you will thank me in the end for letting you know. I know what I am talking about, and when

I say I can cure these cases if given a fair start on the case, and can guarantee a cure or no pay, I mean what I say, and can prove it if you will call upon me. I am going to make it a rule in my practice, in acute cases, to ask pay only for cases I cure, and if I fail to cure any acute case which I have had from the start, I am not going to have nerve enough to ask a father to pay for my unsuccessful services in addition to funeral expenses.

I address you these words in sympathy and with a full realization of the many hearts that are aching in this community because of the loss of little ones, whom I think ought to still be in their mother's arms. I am, Respectfully yours,

Tel. 212.

H. L. CORNELL, M. D.

Office over Oliver's Grocery Store.

THE MISSOURI QUESTIONS.

June 1905.

PRACTICE.

1 Give Aetiology, symptoms and treatment of Angina Pectoris. 2. What is an essential fever? Name some of the principal ones. 3, Give Aetiology, symptoms, and treatment of cholera infantum. 4, What is Pleurodynia? Give symptoms and treatment. What is Bradycardia? 6, Define Intermittent and Irregular pulse. 7, Give Aetiology, symptoms, and treatment of Multiple Neuritis. 8, Discuss Ptomaine poisoning. 9, Give Aetiology and symptoms of Hemiplegia. 10, Discuss Uremia,

THERAPEUTICS.

Give the Therapeutic action of the following drugs: 1, Aconite. 2, Aloes. 3, Arsenic. 4, Belladonna. 5, Coca. 6, Digitalis. 7, Gelsemium. 8, Hyoscyannus. 9, Lobelia. 10, Mercury.

BACTERIOLOGY.

1, Describe the cultural characteristics of the bacillus of human tuberculosis. 2, Describe the organisms which cause, (a) infectious cerebro-spinal meningitis; (b) erysipelas. 3, Describe the bacillus tetani. Where is it found normally? Discuss the value of antitoxin for tetanus. 4, What do we understand by the term, "secondary infection"? 5, Give methods whereby you can increase and decrease the virulence of strepto-

coccus pyogenes. 6, Give the distinction between natural immunity and acquired immunity; active and passive immunity. 7, How would you determine the disinfecting power of formaldehyde? 8, How would you prepare dyes with which to stain Gonococci and tubercle bacilli? 9, Describe, (a) the bacillus influenzae of Pfeiffer; (b) the bacillus diphtheriae (Klebs-Löffler.) 10, Name some bacteria pathogenic for man which produce spores.

OBSTETRICS.

1, Give treatment of threatened abortion. 2, Would you use intra uterine irrigation after labor? Under what circumstances would you use it. Explain how to use it. 3, Under what conditions, if any, would you be justified in producing premature labor? 4, Define menstruation, ovulation and conception. 5, Give duration of pregnancy, period of quickening and physical signs of pregnancy at fifth month. 6, Give causes and treatment of ante-partum hemorrhage. 7, Give cause and treatment of post-partum hemorrhage. 8, Given a case of R. O. P., describe in detail how to apply forceps. 9, What anesthetic would you use in labor, and to what degree would you push the anesthesia? 10, What symptoms indicate the approach of puerperal eclampsia, and what treatment, if any, will prevent the occurrence of the eclampsia.

SURGERY.

1, Under what conditions is the administration of chloroform dangerous? 2, Describe and treat a case of talipes varus. 3, Describe compound fracture and detail the treatment of any one bone. 4, Describe the symptoms and give the treatment of traumatic perforation of the intestines. 5, Describe Tracheotomy for a foreign body and what you would do if foreign body was not found. 6, Classify strictures of the male urethra and give treatment. 7, Describe paracentesis Thoracis. 8, How would you amputate the second phalanx of the fore finger in the continuity of the bone? Describe fully? 9, Describe the ligation of the femoral artery in Hunters Canal. 10, Describe a bloodless method of amputation at the hip joint.

ANATOMY.

1, Name the bones of the upper extremity. 2, Describe the femur, with what bone does it articulate? 3, Name the bones of the middle ear and articulate them. 4, What bones form the contour of the nose? 5, Describe portal circulation. 6, What arteries supply the heart with blood for its nutrition? 7, Give the macroscopic anatomy of the heart. 8, Give the anatomy of an artery, also of a vein. 9, What is a mucous membrane, give anatomy of it. 10, Give the anatomy of the skin.

JURISPRUDENCE.

1. What is Tyrotoxicon? In what found? 2. What is Ptomain? In what found? 3. What is Dipsomania? 4. What is Pyromania? 5. What is Kleptomania.

PHYSIOLOGY.

1. Give the physiology of the heart. 2. Describe the foetal circulation. 3. Describe the second pair of cranial nerves and give function of same. 4. Give origin and function of the sympathetic nervous system. 5. Name the different pancreatic ferments and give office of each.

HYGIENE.

1. Enumerate the hygienic advantages respectively of cotton, linen, woolen, and silk underwear. 2. Why and how is carbon dioxide deleterious to health? 3. Describe a properly ventilated bed-room, giving the relative proportion of floor space to window space? 4. What do you regard as the best method of heating a dwelling and why? 5. What do you regard as the best method of disposing of the dead.

ACCOUCHEMENT FORCE.

G. A. BIDDLE, M. D.

Emporia, Kansas.

Forceful delivery to hasten the termination of labor. This constitutes practically about all there is in obstetrics, after excluding the very large majority of cases that require no interference at all. The indications for accouchement force are many. Among the most urgent we will mention eclampsia, placenta, praevia, uterine, inertia, rigid os uteri, where the natural forces fail to dilate, exhaustion of collapse from any cause calculated to endanger the life of the mother. The various mal presentations. I might mention others, but the character of this paper will not permit me. The means of meeting these indications are: The various methods of dilating the uterus and inducing premature forced labor and delivery, version; caeforceps; caesarean section, superficial and deep cervical incision, and Duhrssen's vaginal caesarean section.

The question is often asked, how long should the obstetrician wait before resorting to force? I will say that this question cannot be answered categorically; or the time fixed by any number of hours, but must be left

solely to the discretion of the obstetrician who should be fully impressed with the fact that the sin of omission is equally as reprehensible as the sin of commission. In eclampsia, waiting is seldom justifiable, even though the convulsions may not be violent, notwithstanding the fact that you may cite case after case where you have temporized and waited, and ultimately had the satisfaction of being present to witness a natural labor. I am of the opinion that the risk is too great to justify the gain. The same will apply to placenta praevia, except where the patient is constantly under the care of capable attendants, as in a hospital. In a case of eclampsia coming on as it often does, like a clap of thunder from a clear sky, before any effort towards labor, before maturity of pregnancy, without dilatation of os, the cervix yet elongated, I would today at once prepare this woman for delivery, by rendering her parts as near aseptic as possible, evacuate the bladder and rectum, and with the Bossi dilator, dilate the os and deliver. Until within the last two years I have been in the habit of resorting to manual and bimanual dilatation, calling to my assistance Goodell's dilator as an entering wedge, as it were, Barnes' bags and other similar devices. While I have had fairly good success with these appliances, I was constantly meeting with cases where it was almost impossible to effect complete dilatation of the os, necessitating much hard work and hours of time—time of vital importance to the patient, and on account of this delay and incomplete dilatation the frequent loss of the child; and, on account of the incomplete dilatation the uterus was frequently severely lacerated by the forceps in completing the delivery. I regard it as very bad practice to make a forceps delivery through an incompletely dilated os. But what are you going to do about it after you are worn out with bimanual efforts to dilate the uterus and with all this, you can only accomplish about two and a half or three inches of dilatation? In this connection I will briefly recite a case in point.

Mrs. M.—age 30, Prim. at term. I was called in consultation after this woman had been in labor about 18 hours—found patient having hard bearing down pains.—uterus forced down low—os dilated a half inch—pulse quick—vital powers failing. After consultation it was determined that delivery must be made. We undertook to make bi-manual dilation. I at first used a Goodell dilator then bi-manual—after an hour of the hardest work I ever done in my life I succeeded in getting about 3 inches of dilatation when under pressure, which would retract to two inches when left alone a minute or two. I then applied forceps and after another hour of hard work the child was delivered, still born and from a severely lacerated uterus. The mother made a good recovery.

During the last ten years I have made three deliveries for placenta praevia at the sixth and seventh month; four of eclampsia at the sixth and seventh month; and seven of rigid os at term—using manual and bi-manual methods aided by Barnes' bags and the Goodell dilator. The three cases

of placenta praevia were rapidly delivered, with two severe lacerations of cervix, requiring repair. The eclampsia cases were rapidly delivered with severe laceration of cervix in two cases requiring repair. The mothers did well in all—and all the premature babies were either still born or survived only a few hours. In the seven cases at term—one sustained a severe laceration of the cervix requiring repair, all made a good recovery. Three babies were still born.

About two years ago I read an article in some medical journal reporting wonderful success with the Bossi dilator. I had no idea what it was, or like. I at once procured one, and on inspection, I was at once impressed with its formidable power. I concluded that one might almost dilate the key hole in the door. The first time I had occasion to use it, was in a case of eclampsia at six months, coming on without any manifestation of labor. I made a rapid dilatation and delivery, completing the operation in about forty minutes without laceration. After I was through I felt like exclaiming: "*veni, vidi, vici.*" Since then I have had occasion to make forced dilatation of the os uteri twelve times; and with such universal success that I now go into the lying-in chamber, feeling that I am absolutely master of the situation. I will refer briefly to a few cases where I have used the Bossi dilator.

Case 1.—Prim. age 24; at 6 months, without any warning was seized with eclampsia. She had two seizures before my arrival. I found her in profound coma—heavy breathing—froth and blood exuding from mouth. I at once proceeded to deliver. Fortunately there was present a very intelligent woman whom I could trust with the anaesthetics after I had once anaesthetized the patient. After due preparation I proceeded to dilate, bringing the hips of the patient near the edge of the bed, in lithotomy position, intrusting each knee and foot to an assistant. I then pushed the anaesthetic to surgical degree, and right here I want to say that this is a part of the operation that must be attended to. Obstetrical anaesthesia is not sufficient; the patient must be fully anaesthetized. By so doing she suffers far less from shock and you relax the muscular resistance, rendering dilatation easier, safer, and more rapid, with far less danger of lacerating the cervix. It is extremely dangerous to have the woman moving and making resistance while dilating with the Bossi. Everything being in readiness, I inserted the dilator without the caps, grasping the shaft of the dilator with one hand, my index finger on the os, dilated to five cm.

I then removed the instrument and placed the caps in position and resumed the operation—intrusting the turning of the screw to an assistant often not turning the screw more than one half inch, then waiting a few seconds my finger on the dilating os all the time, carefully noting the degree of tension. In 35 minutes the os was fully dilated, $4\frac{1}{2}$ inches. I then removed the dilator; the amniotic sac having been ruptured, found a foot presentation, I seized the foot and made a rapid delivery; the child was alive, but only survived a few hours. Patient had no more convulsions, made a rapid recovery, no lacerations.

Case 2. Prim. age 25; near full term; seized with convulsions before labor had started. She had three seizures before I was called. On my arrival, after a brief consultation with the attending physician, it was agreed that delivery was indicated.

Rapid dilatation was made and forceps applied and a living child delivered in about 45 minutes—child is still living—no laceration. I then left the patient in care of the attending physician, who informed me that she continued to have convulsions and died fourteen hours later.

Case 3. Prim. aged 30; at term. I was called after the woman had been in labor twelve hours, found her having heavy pains, expulsive in character. She was an extremely nervous patient, so much so that the attending physician could not make a vaginal examination without giving an anaesthetic. I found the os dilated to about one inch, very rigid and hard, not dilatable, the patient giving marked evidences of failing powers. We determined to deliver at once, after being prepared and fully anaesthetized we dilated and delivered a living child in about 40 minutes. Mother and child did well. She had a slight laceration of cervix, which did not require repair.

I will not consume your time by reciting either case, only to say that all did well, both mother and child, except in three cases where the child was premature and were lost all before delivery. Only one case sustained a slight laceration. One child at term was lost on account of delay in delivering head from a tight and rigid perinaeum. I have taken special pains to bring into prominence the Bossi dilator because I am well aware of the fact that there are quite a number of good men in our profession who are loud and strong in denouncing the Bossi dilator. It has ever been thus, since the memory of man. Nothing has ever been brought forth in the way of invention or discovery that was not cried down. It has ever been the survival of the fittest. If the Bossi dilator cannot survive the criticisms that are being hurled against it, then it will have to fall, but it will not fall until something has been given to us that is better, and has been tested in the crucible of criticism and found not wanting. I have already conceded the charges that are brought against it, viz: That it is an instrument possessing great power and capable of doing great damage. Something must tear or dilate, but when you are conscious of your power to do damage, you are forewarned, hence forearmed when used with care and conscious of the damage you are liable to inflict, there is an element of safety in this knowledge. With your patient anaesthetized to the surgical degree—your finger on the os, carefully testing the degree of tension—being careful not to move the screw more than a half inch each time and giving five to ten seconds rest after each turn of the screw, you are not going to lacerate the uterus very often. This instrument can be rendered absolutely sterile, which is more than can be said of the Barnes bags or the many other bags that have been and are yet being used, so also your hand that you thrust into the uterus with impunity.

Conservative Caesarean Section is an avenue of escape in case of contracted pelvis or rupture of the uterus. This operation is being recommended and urged by some of our surgeons in preference to dilatation, as being safer to both mother and child and more speedy. Among those who

favor Caesarean Section to dilatation is Dr. John Deaver, of Philadelphia. I must say that this operation will never become popular or practical out side of first class hospitals, with expert surgeons and assistants, but as implied by conservative Caesarean Section, it has its field of usefulness, but will always be very circumscribed.

Duhrssen has given the profession an operation that is far more conservative and no doubt will prove a successful and practical operation for the relief of many cases requiring accouchement force. Just now the enthusiast can see nothing good in any other operation. In the hands of a reasonably expert surgeon with favorable surroundings, I am of the opinion that it is a good operation to make. Superficial and deep cervical incisions are urged by obstetricians who are not favorable to Bossi dilators and are "consigning it to the lumber room of obstetrical instruments." I will say that so long as the Bossi dilator serves my purpose as successfully as it has so far I shall continue to use it; especially when I have the commendation of such masters as Leopold, Meyer, of Copenhagen, Beck and Knapp of Prague, Peters of Dresden, Dickens of New York, and many others. Leopold declares that it is a safe and useful instrument and should be in the hands of every practitioner and that in the future eclampsia will rarely furnish an indication for Caesarean Section. Dickenson of New York proclaims the Bossi dilator a great boon, and none of its imitators approach it. Edgar says: "It is probably the best instrument now at our disposal." And your humble servant is of the opinion that it solves the problem of accouchement force; because with it you are absolutely master of the situation in a large majority of cases requiring force.

CASE REPORT.

FRANCES A. HARPER, M. D.

Pittsburg, Kansas.

The following cases have been especially interesting to me, and I trust may be of some interest to others:

Case 1.—Miss J. B., dressmaker, age 21 years. Gave history of fre-

quent severe paroxysms of pain in left side, reaching back over a period of more than a year, never was perfectly free from discomfort there. These severe spells would last for several days, at which time she noticed local tenderness and swelling; the paroxysm passed, she would be much prostrated. Bowels rarely moved excepting in response to some [sort of a] purge or enema. She had consulted her family physician several times, but he assured her that her principal trouble was simply "nervousness." For a month or two previous to consulting me her condition had been getting progressively worse, the severe pain being almost constant, the seat of the pain in left iliac fossa assuming a hardened and tumor-like condition, gradually increasing in size and tenderness, until it became almost impossible for her so wear her clothing at all tight. She had grown extremely nervous, had occasional fainting fits, was trembling and cyanosed, and the slightest exertion seemed to "take her breath," as she expressed it. This was the picture she presented when she came to me.

Examination revealed a pulse of 120; temperature 100.2; tongue thick, flabby and coated. On palpation abdomen was found tumified and tympanitic, presenting on left side a well defined sausage like pulsating tumor, extending up to umbilicus, very painful and tender. Thinking possibly it might be a fecal tumor, I gave mercurial purge, followed with generous dose of castor oil, also saline upon rising in the morning. Prescribed for nervous symptoms etc., and told her to report next day, which she did. Bowels had moved well, several watery stools, tympanites had somewhat subsided, but tumor remained, less painful but better defined and very sensitive to touch. She complained of a sensation of heat and pulsation in the region, and the pulsation could be distinctly seen. Menstrual periods fairly regular with little pain. Occasionally, however periods were too near together, sometimes two weeks or three weeks apart, with profuse flow, amounting to almost a hemorrhage.

Vaginal examination revealed a profuse purulent discharge, engorged, and ulcerated cervix, in fact, a fierce endometritis. This condition, coupled with a decidedly sensitive and pulsating tumor in left iliac fossa, and over left ovary, looked very much as though surgical measures would have to be resorted to in order to clear up the trouble.

She had about made up her mind before consulting me that she had a tumor of some kind, and feared an operation would be necessary. After

a week or so of medication and local treatment, symptoms subsided somewhat, but tumor remained, and profuse vaginal discharge continued, less purulent, however. Bowels were kept active with salines. Temperature fluctuated from subnormal to about a degree or a degree and a half above normal; erratic pulse. Appetite variable, craving at times pickles, sauer kraut, beans, cabbage, etc.

Seeing no very marked improvement in the condition, I decided to call in counsel, examine thoroughly under anaesthesia, and if necessary, operate. Before doing so, however, she desired to go home, (she lived in the country) and consult her parents in regard to the matter. Upon leaving I instructed her again to take a thorough mercurial purge, followed by an ounce of oil, and to continue saline in the morning. She was gone four or five days. Upon her return I remarked her greatly improved condition. She could hardly wait to tell me her experience. She had taken the calomel purge and oil as instructed; bowels moved freely and easily, tumor suddenly went down; pain completely subsided, leaving only tenderness. She had passed from the bowels quantities of worms in hardened masses. She said there must have been a half gallon of them.

Suffice to say that the tumor was effectually laid, and an operation made unnecessary.

After a course of general tonic and laxative treatment, with douches and applications for the uterine condition, within a week she was improving, and within a month she was gaining rapidly, with a gradual subsidence of the local tenderness, and no return of pain or tumor. At last last accounts she had gained fifteen pounds, was rosy and well and feeling better than she had felt for years.

Case 2 is one with history of indigestion, constipation, etc., with occasional recurrences of pain in right iliac region. Six or eight months previous had attack of appendicitis, but refused operation. Since that time had been living on diet of fruits and cereals, oatmeal, and cream being principal diet. About two months previous to my seeing patient, a hardened mass had been observed in right iliac fossa, just below the short ribs, this had gradually increased and grown tender, and an operation seemed inevitable. Castor oil, calomel, and saline purges, and high colonic flushing brought away quantities of hardened masses of oatmeal shells and hulls.

It took a week or ten days to clear out all this rubbish, and the lady has left oatmeal off her diet list for a time. Some months have elapsed, with no return of symptoms.

Wanted.—A position on salary for a mining company or other corporation by a graduate of the Kansas Medical College, class of 1904. Advertiser can furnish references as to character and ability. Address No. 15 JOURNAL office.

An Investment.—The attention of those who wish to make a safe investment with a little money is called to an opportunity for a short time offered—where money will be accepted only after a careful investigation from the investor himself. The proposition is one where the present owners have found that the development of their project will require more money than they can furnish—but where they do not wish to sell out. They therefore seek additional capital and take this method of communicating with possible partners. Those interested should address No. 16, JOURNAL office.

Notice to County Societies.—A complete card index for County Societies can be purchased from "The Globe Wernicke Co.," Cincinnati, Ohio, for 83 cents.

This facilitates the keeping of records of each county Society. The plan is a simple one, and I would recommend that all County Societies purchase this card index, and feel sure that it will be more satisfactory than the old system.

CHAS. S. HUFFMAN,
Secretary Kansas Medical Society.

Wanted.—A position on salary for a mining company or other corporation by a graduate of the Kansas Medical College, class of 1904. Advertiser can furnish references as to character and ability. Address No. 15 JOURNAL office.

Stegomyia fasciata has produced an epidemic of yellow fever in certain sections of Louisiana and adjoining states. *Stegomyia punctata* has inoculated thousands with virulent malarial germs throughout the balance of the Mississippi valley. Tongaline, Mellier, in one of its forms as indicated, antagonizes and destroys the effects of these parasites on account of its extraordinary eliminative action on the liver, the bowel, the kidneys and the pores, whereby the poison is promptly and thoroughly expelled.

The Carabana Prize.—The \$50 prize recently offered by Mr. Geo. J. Wallau for the five reasons best defining why physicians should and do prescribe Carabana has been awarded to Dr. J. L. Hatch, New York. Dr. Hatch's reasons: 1. First and foremost because it is an ideal aperient water, comprising all the good qualities of other mineral waters without any of their objectionable features, its action being rapid but gentle, with no weakening after effects. 2. Because it contains more grains of the anhydrous mineral salts to the pint than any other mineral water. See analysis. One litre of Carabana water contains:

Sulphate of sodium.....	100.1110 gr.
Sulphite of sodium.....	0.0499 gr.
Sulphate of magnesia.....	3.0711 gr.
Chloride of sodium, 2 gr.....	1.6000 gr.
Chloride of magnesium, 2 gr.....	0.4774 gr.
Chloride of calcium, 2 gr.....	0.1967 gr.
Phosphate of sodium.....	0.0210 gr.
Alumina	0.0005 gr.

Anhydrous salts..... 106.0826 grams

3. Because, besides being cathartic, sanguifacient, antiseptic and antipyretic it is nutritive, a great boon to convalescents. 4. Because it can be given to patients suffering from disease of the genito-urinary tract where flushing is desired and other waters are contraindicated on account of the presence of ammonia-magnesian calculi. 5. Fifth, lastly and always, because it is agreeable as well as efficacious and can be borne by the most delicate and sensitive stomachs, and also appeals to the most fastidious taste. "Qui pro sunt omnibus,"

Wanted, an opening. Either in small place of 200-400 people where there is at present no physician; or, in a place of 1500-3000 where the competition is not too great for a beginner. Send full information to the JOURNAL, No. 14.

For Sale—The only drug store in town, and practice. Good Kansas location. Price for the two story building, drugs, six residence rooms, good barn, including residence and office furniture, \$4,000.00. Half on time if desired. **A money maker.**

A. J. JUDY, Waterloo, Oklahoma.

Scrofulosis with Involvement of the Skin.—"The form of scrofuloderma, most frequently seen in practice has its origin in the lymphatic glands of the neck, axilla, and inguinal region. Under the skin glands may be felt as firm, movable, tolerably numerous bodies. Their growth is slow and indolent. Occasionally here and there a gland may attain considerable size, which either remains indolent for a long time or undergoes spontaneous resolution, or more frequently terminates in suppuration. Preceding the suppurative process the overlying skin becomes thin and takes on a violaceous color. Later the skin breaks down and after rupture there is a discharge of thin curdy pus mixed with blood. Sinuses form and the skin is undermined and perforated leading to the formation of straneous ulcers. In shape the ulcers are oval or linear and show purplish undermined edges. Pale, unhealthy granulations cover the ulcerous surfaces.

"In some cases according to Eve a conglomeration of glands may be detected which show no tendency to fuse or become matted together. Another form of strumous dermatitis is the so-called scrofuloderma, which commences as small nodules and gradually attains a considerable size. Hallopeau has observed that these gummata occur along the course of the lymphatics of a limb. Another skin manifestation of scrofula is chronic eczema of the skin or scalp found in patients who have a tuberculous diathesis. Eczema of this variety is apt to be scaly and indolent though very stubborn, and shows little response if measures are directed to the local condition alone and the general state of nutrition ignored.

"The above described conditions are most frequently encountered according to Holt, among children from three to ten years of age, and he recommends the very best surroundings as the "sine qua non" of treatment. be let alone, and the parts merely kept clean. For internal medication the syrup of iodide of iron and cordial of cod liver oil (Hagee) should be the physicians main reliance, and occasionally arsenic should be used to supplement the other tinoes mentioned."—American Journal of Dermatology.

The Journal

OF

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Ethics.—Dr. Hart's article on ethics in this issue preaches us a good sermon. We must do unto others as we would that they would do unto us. Now here as everywhere else in life it is the spirit rather than the letter that enlivens. Hence the "code" caused more trouble than good and had to be superseded by something which sought to install principles rather than define practices. The whole matter of ethics lies in the feeling of one toward his fellows. If this feeling be kindly, one can both "give and take" patients and patronage without any bitterness. If, however, a physician is seeking greater prestige or income and would like to be alone in the field, his annoyance at the presence of others cannot but find expression in word or deed. Such a man as the latter would be most punctillious in his observance of the regulations of the code—and yet would be a most vexatious neighbor. Such a man gives rise to the lay ridicule of the "Alphonse and Gaston" practices among physicians. Thus recently the Kansas City Star devoted some time to the discussion of the absurdity of medical ethics because at the theater a woman fainted, was carried to an ante room and a physician across the way summoned. Before he arrived an attendant spied another physician in the audience and called him out. The two physicians arrived at prac-

tically the same moment. Each bowed low and asked the other to take the case "It is your case, my dear Alphonse," "No, it is yours, dear Gaston." Meanwhile the patient remained unconscious. The disgusted manager of the theatre ejaculated, "Here, Dr. —, you take this case. I will be responsible for your pay." Now if the right feeling had prevailed both physicians would have gone to work and revived the woman and given the case finally to her medical regular attendant.

The Practical Lesson from all this is that we must keep in closer touch with each other. We must know each other better. We must meet our colleagues frequently enough to be on good terms with them. Possibly a social evening now and then, possibly the professional discussion of a medical society meeting will do it. But, however, it be done, its doing spells organization. In big towns, in hamlets, or in the sparsely settled short grass country, let there be organization.

The New Pharmacopeia.*—The JOURNAL is in receipt of a copy of the eighth decennial revision of the Pharmacopeia of the United States. It is a cloth bound octavo volume of 692 plus lxxv pages. Of these 513 pages are occupied by the pharmacopeia proper. An appendix of 121 pages contains tables, tests, reactions, etc. The index which is very complete occupies 55 pages. The preface and introduction occupy the lxxv pages. The committee has introduced some 129 titles among which we notice the following active principles—thus meeting to some extent the demand for active principle medication on the part of the younger physicians: acontina, cocaina, codeina, phos. et sulf, colchicina, hydrastina, pelleterinae, tannas, pilocarpinae nitras, scopolaminae hydrabromidum, strophathinum, strychninae nitras. We are grateful for this much because we know that by the time the next revision is made digitalin, arbutin, cicutine, aspidospermine, agaricin, and perhaps a dozen others will have come into such general use that the Pharmacopeia cannot refuse them recognition.

Every Prescribing Physician should have the Pharmacopeia at his elbow, because it will prevent the blunders which now disgrace our profession. In fact the writer believes that it will lead to the use of more standard drugs and fewer proprietaries. The reason why many of us prescribe proprietaries is that in a "pinch." we remember the advertising pages in our journals better than the drugs in our materia medica. Again the Pharmacopeia will demonstrate to us that we can save our patients

*THE PHARMACOPEIA OF THE UNITED STATES OF AMERICA—Eighth decennial revision,—by authority of the United States Pharmacopeial Convention held at Washington, A. D., 1900. Revised by the Board of Revision and published by the Board of Trustees. Official from September 1, 1905. Philadelphia: P. Blakiston's Son & Company. (A notice of this work appeared in the August JOURNAL.)

money by ordering standard (and stock) drugs instead of the more costly proprietaries. In this connection we call attention to the cataplasma kaolini et emulsum olei morrhuae cum hypophosphitibus. In these two cases the physician must decide whether it is better to order a preparation made by some large house or ask druggists to make up a preparation specially for him. Here one's confidence in the druggist must decide, rather than the fear of using proprietaries. What we want is the best and most dependable drug, —and when some chemist makes a business of putting out a standard, we are inclined to favor him.

Materia Medica and Therapeutics.—In these days of therapeutic nihilism and general scepticism the lack of positive information as to the character and action of drugs is becoming not only noticeable but even hurtful. The advance in positive knowledge of physiologic processes has unsettled our traditional beliefs in therapeutics and the most of us are grasping at straws in our wild efforts to secure a firm hold on something secure. All our knowledge of drugs has had to be revised and new data is being published daily. Hence the difficulty in finding authoritative teachings on the subject and the chaotic condition of the recent graduate's repertory of remedies. It is therefore small wonder that the physiological therapist outdoes his drug-giving brethren in enthusiasm. It seems time that more systematic work be done along this line,—and we hope that more work will be done than ever before because of the drubbing our lazy brethren who are using proprietaries are receiving just now. This work should be centered in two places: (1) in the county society and (2) in the schools of medicine. For the first no more profitable exercise could be indulged in than the discussion of the physiologic and therapeutic effects seen by the various members in the use of individual drugs. When these reports are compared with those of the text books, there is usually food for much valuable thought. In the schools it has been difficult to secure teachers who actually know both the therapeutic effects of drugs and also the methods of preparing those drugs. We have depended on the pharmacist and physiologist altogether too much, men who know only the laboratory side of the matter. This work should be of sufficient importance to be in the hands of physicians who can check up theory and animal experiment by real sick room experience, and since the realization of a need brings the filling of that need, we are hoping for more definite teachings in our schools. We have been led to this discussion by the receipt of a copy of the new edition of Professor Sayre's

*Organic Materia Medica,—a revision made necessary by the changes of the new pharmacopeia. Professor Sayre has presented his side of his subject remarkably well; we could only wish as we read, the book that he had a collaborator to work out (so far as is known) the physiological and therapeutic uses of the drugs described. If one should take now Shoemakers' or Butler's text on drugs and use it with Professor Sayre's on the source and pharmacal characters of the drugs the physicians would have a good reference book on therapeutic agents—provided the Shoemaker or Butther were entirely satisfactory and up-to-date. Professor Sayre's book has been much improved in this edition by the work of his assistants, Messrs. Havenhill and Sterling, and we congratulate Professor Sayre on the success and popularity of the treatise. Professor Stevens' study of plant histology which occupies some 110 pages of the book makes it of much greater value to pharmacists and those who have to study the composition of drug plants.

In **Minnesota** the State University has a strong department of medicine. This department comprises (1) The College of Medicine and Surgery, (2) The College of Homeopathic Medicine and Surgery, (3) The College of Dentistry and (4) The College of Pharmacy. The department is resident in four buildings situated upon the University campus: viz: Medical hall, the laboratory of Medical Science, the laboratory of chemistry, and the laboratory of anatomy. The laboratory of the state board of health is located in the medical building. The clinical building is out in the city and is a two story building 40x150 feet. .

In **Kansas** we have a school of pharmacy and a school of medicine. The laboratories are located in three buildings on the University campus—Medical hall, Snow hall, and the Chemistry building. The Clinical building has not yet been erected but will of course be in Kansas City. However, we have not cited Minnesota to prove anything beyond the practicability of the combination (1) of dentistry and medicine and (2) of the board of health laboratory with the University laboratories. How many of our Kansas dentists favor making dentistry a part of the medical course?

*A MANUAL OF ORGANIC MATERIA MEDICA AND PHARMACOGNOSY: an introduction to the study of the vegetable kingdom and the vegetable and animal drugs, comprising the botanical and physical characteristics, source, constituents, pharmacopoeial preparations, insects injurious to drugs, and pharmacal botany, by LUCIUS E. SAYRE, B. S., Ph. M., Dean of the School of Pharmacy of the University of Kansas. Third edition, revised. With histology and micro technique by WILLIAM C. STEVENS, Professor of Botany in the University of Kansas. Pp. 692, 8 vo. boards (cloth). 377 illustrations, Philadelphia: P. Blakiston's Son & Co. 1905.

A Criticism—"The Journal of the Kansas City Medical Society, not content with printing large display ads for the Antikamnia Chemical Company, must put in a supplement in their last issue setting forth its advantages. This is more glaring than all the rest and shows the need the Journal has for money. Since the Journal receives but one dollar from each member of the Kansas State Medical Society it is absolutely necessary that funds be raised in some manner; at any rate it must appear so to the manager of the Journal."—The Wyandotte County Medical Journal.

No doubt in spite of the blunder in the title our JOURNAL is intended in the above paragraph. We are glad that the brethren in Wyandotte county are so without sin that they can cast stones. Nevertheless we take the criticism in good part and will state that if the physicians in Wyandotte county will give up their Journal and turn in and increase the circulation of our JOURNAL, and if the Kansas Medical Society will authorize it, we will gladly cut out any and all advertisements that offend the refined gustatory sense of our critics. However, in a recent investigation of the matter we found that most of the physicians interested in our society used all the articles advertised in our JOURNAL. A stream of water can not rise higher than its origin, nor a society Journal higher than the leaders in its society.

Proprietary Medicines.—"The patent medicine evil should be assailed, but the proprietary nostrum must first be eradicated. Before we can proclaim war on patent medicines, with energy and with a clear conscience, it will be necessary for us as physicians to rid ourselves of the proprietary nostrum evil by ceasing to prescribe preparations that are nothing more nor less than patent medicines. Before medical journals can criticize newspapers for carrying patent-medicine advertisements, they must themselves refuse advertisements of similar preparations, even though these be dignified with the name of proprietary medicines. THE JOURNAL of the American Medical Association itself is not yet entirely free from this reproach, but it is freeing itself as rapidly as undesirable contracts expire.—The Journal of the A. M. A., Sept. 9, 1905.

What shall Kansas do about it?

PARABLE NO. III.—FROM THE BOOK OF ETHICS.

THOMAS ESCULAPIUS.

From the Texas State Journal of Medicine.

And there came to a certain Town a youthful Leech, fresh from a great City. Upon his Wall he hung the Skin of an exclusive Temple of Chirurgery and upon his Raiment shone the Pin of the Eta Pi Society.

For many days did he rise up and bow down in the pursuit of Success and in publishing himself in the town Papyrus and criticizing the back-number Leeches in his Neighborhood. But Recognition dallied and Fortune stirred not.

Then said a Leech across the way, "What Blows are these I hear?" and another, "Whence these Noisy Strokes?" and a Neighbor, "Wherefore the Tappings in thy Rooms?" and a Patent, "Why these Rappings about thee?" But the Leech could not perceive, and said unto himself, "Am I possessed or diseased, that I can not hear?"

Then sought he an Aged Leech, whose Hair had whitened in the service of Love, and desired to know what Humor beset him. And when the Aged one had listened, he said, "My Son, I perceive thou has the Malady of youth-acute Knockorrhea. Mercury for the Bile, Sorrow for Tears and Humility for the flow of Human Kindness."

And the Young Man joined the Eta Humble Pi Society, and the Aged Leech, looking upon him, loved him and said to himself, "Verily, our Deeds are a Discharge of the Heart and Success itself is a Secretion." Selah.

MEDICAL ETHICS FROM ONE VIEW POINT.*

MILLARD M. HART, M. D.
Macksville, Kansas.

The principles which the members of the medical profession have voluntarily established for their guidance are the most unselfish known in all human affairs. The code of the profession is but an amplification of the golden rule, to which is added, "And love your neighbor (that is every human being) as yourself." It is the only profession, trade or occupation the followers of which bind themselves not to seek personal advantage in any invention or discovery they may make. That is, when a physician succeeds in elaborating a new remedy or combination he is in honor bound to make it known to his professional brethren, that the patients of other physicians the world over may enjoy its benefits. This explains one reason for the intense hatred of all honorable physicians towards the proprietary and patent medicine business;—it is so essentially selfish in its nature. Thus the socialistic principle of the medical profession, "As freely as you have received from all, so freely give to all." And

*Read before the Kansas Medical Society at Wichita, May, 1905.

to this extent humanity is benefitted, and the advancement of this science greatly accelerated. Medicine in all ages, has attracted into its ranks the most self-sacrificing members of society. As a science it was born in altruism. To this day it offers the greatest opportunities for the practice of the ennobling of character. Medical men stand alone on the earth among all others, striving to extinguish their own business. They preach temperance, virtue and cleanliness, knowing well that, when people come to follow their advice, their occupation, like Othello's, will be gone. They establish boards of health, well knowing that all sanitary measures keep money from their own pockets.

In producing a paper on the subject of "medical ethics" it could be greatly abbreviated by simply enumerating all the virtues in the whole catalogue of virtues and then say, "Follow these." Then we might mention all the vices and say, "Do not practice these." But after all this we might say that we were not acquainted with any code of medical ethics and in fact we may never have seen a copy of any "code" yet we have with us in memory, the old, old civil code, "Do unto others as you would that they should do unto you." which is a sure and very safe guide, for he who is desirous of being a true ethical, medical gentleman, need never fail, in a true conception of the right. You, and every true physician among us, owes his sacred allegiance to it and the American Medical Code adopted in 1847, which from then until now has governed and instructed our profession throughout this broad land, protecting the good and restraining the bad, just as the commandment of Holy Writ, above quoted, has restrained and instructed mankind in past ages. You and all other physicians are supposed to have studied this code and to be familiar with its requirements. The moral claim which it has upon you rests not upon any obligation of personal friendship toward your professional brethren, but upon the fact that it provides for every relation, contingency, and occasion, and is founded on the broad basis of justice and equal rights to every member of the profession. Its precepts can never become useless till a regenerate and infallible human nature makes both codes and commandments unnecessary. It is the great oracle of right and reason, to which we can resort and study the moral aspect of all the subjects that are likely to confront us from time to time, and no better code of moral principles can be found anywhere. To this lofty code, in a great measure, is due the binding together and elevation, far above the ordinary vocations, of the medical profession of our land, and the esteem and honorable standing which it everywhere enjoys.

By its dignity and justice it remains as fresh and useful today as when the profession adopted it, more than fifty years ago, and if you

faithfully observe its teachings you can truthfully exclaim, "I feel within me a peace above all earthly dignities, a clear and quiet conscience.

Professional morals are an important part of Medical Education and training, and as much the duty of every medical college in America to acquaint its students with the precepts of the code of ethics of the American Medical Association, and to furnish to each of its alumni a copy of it with his diploma, as it is for a mother to familiarize her children with the Ten Commandments. If in the struggle and competition for practice you desire to act unfairly toward your brethren, the code will compel you to do the evil biddings of your heart in stealth or not do so at all.

Any one upon whom you encroach will feel himself justified in retaliating with your own weapons in like manner, and you will reap a crop similar to the seed sown. When called to attend a case previously under the care of another physician, especially if the patients and friends are dissatisfied with the treatment, or if the case is likely to prove fatal, be careful and just. Do not disparage the previous attendant by expressing a wish that you had been called in sooner, or criticize his conduct or his remedies; to do so is mean and cowardly in either case. Even if he has erred in any way, in all such cases do not fail to reply, to the questions of the patient or his inquiring friends, that your duty is with the present and future, not with the past. We should inform ourselves as best we can as to what line of treatment has been followed in the case, but refuse to either examine or criticize the previous attendant's remedies. Let our conversation also refer strictly to the present and future and not to the past, and in no way allude to the physician superseded, unless we can speak clearly to his advantage. As a rule, the less we say about the previous treatment, the better. To take a mean advantage of any one whom you have superseded, besides being morally wrong, might engender a professional hornet, which in retaliation, would watch with a malignant eye and sting fiercely whenever opportunity offered.

Let courtesy, truth and justice mark every step in your professional career. Seek, moreover, to defend your profession in public esteem on every fitting opportunity, and defend your brethren and your profession, also, when either are unjustly assailed. Indeed, to fail to defend the reputation of an absent professional brother, even by a conspiracy of silence, when justice demands you to speak, is not only unprofessional, but is more or less dishonorable, and implies a quasi-sanction of the libel. Every physician has his successes, and also his failures. Where you are highly successful in diagnosis, or have worked wonders in treatment after others have failed, observe a proper degree of modesty, and avoid pushing your triumph so far as to wound the feelings or mortify the pride of your less successful predecessor. Take just credit, but be guided in

your words and actions, and take no undue advantage of their errors, that you may not in turn invite disparagement or arouse hatred. No man likes to be surpassed by men of his own level. We all know there are a thousand unwritten ways to show an ethical spirit and a thousand indefinable ways to evince an unethical one. When you doubt whether this or that patient is fairly yours or another, give your rival the benefit of the doubt. Never be tenacious of doubtful rights, but let your every day conduct, in this and all other respects, entitle you to the esteem of your medical neighbor.

Yet, while alive to your own interests, you should not captiously follow up every trifling ethical infringement, difficulty, or apparent contradiction, as if you were ever on the watch for provocations and angry collision with your neighbors, and courted a war with everybody for what you may be pleased to call your "rights." A certain amount of jarring and clashing in a profession like ours is unavoidable: Allow liberally for this; school your feelings; bury pettiness and narrowness, and maintain a friendly attitude toward all fairly-disposed neighboring physicians. Unless you do so, many questions will arise that can not well be adjusted by an appeal to the code, and you will become involved in useless, rancorous, and endless controversies and reprisals with those whose paths may happen to cross yours own. If ever you have cause to believe a medical neighbor has treated you unfairly, or misconstrued your own conduct or motive, instead of the fierce onslaught and bitter rejoinder, go or send directly to him, and in an earnest but urbane manner make or ask an explanation; for whenever two persons have a disagreement they do not understand each other or they have honest but different viewpoints, or, one or the other or both are not honest in their motive.

Be very careful not unjustly to encroach on any other physician's practice; also, never attempt unjustly to retain any patient to whom you are called in an emergency; if you are in doubt whether you were deliberately chosen, or only taken in the emergency, do not hide yourself behind a mean technicality of ethics, ask the direct question, "Am I your choice in this case?" If you learn that another was really preferred to you, surrender your patient to him on his arrival, even though you may be for politeness' sake asked to continue in attendance. Circumstances may even require you to have the former attendant sent for in a case, either to take charge of it or for consultation. Acts of neighborly kindness are frequently performed by physicians for one another, and go far, very far, toward neutralizing the ruffles, stings, and collisions of interests which the very nature of our profession makes inevitable. If our conduct toward other physicians at such times is invariably just and honorable, as if rising from a simple desire to do that only which is right, it will

in due time be recognized and appreciated, and will not only assist in making our road pleasant, but, if we unwittingly infringe, one and all will acquit us of any intentional error. When you are called, in an emergency, to prescribe for a patient who is under the care of another physician, it is better to leave for him a copy of your prescription, that he, knowing its exact character, may be able to judge whether or not he should continue its use.

Let it be your invariable rule never to visit a patient who is under the care of a brother physician, as a "smelling committee" or medical detective for the patient's beneficial society, with a view to ascertain, if he be malingering, or for an employer, friend, or relative who is anxious and apprehensive in regard to his illness, or for one in fear of an impending damage-suit, with a view to report thereon, without the distinct sanction of the attending physician. It would be still greater wrong to clandestinely remove the bandages from fractures, dislocations, ulcers, etc, applied by another physician, whether it be to change treatment or merely to examine the case; but if the emergency of the case seemingly demands it, notify the physician who applied it at your earliest convenience, giving your explicit reason for so doing. We should be also extremely discreet and chary of visiting patients under the care and treatment of other physicians, even for social purposes, as it is a frequent cause of suspicion and contention. Never take charge of a patient recently under the care of any regular and ethical physician without first ascertaining that he has been formally and duly notified of the change. The principle that governs such cases is this: When a person is taken ill he is at liberty to select any physician he prefers, but after making a selection, and when the case has been taken charge of, if for any reason whatever the patient wants to change, he must, in doing so, follow the established custom, for if there are any hard thoughts against the other physician, or unpleasant scenes with him, the patient and his friends should have them, not you.

The dissatisfied persons who wish to discharge their medical attendant and employ you, will sometimes contend that the rules relative to taking charge of patients, recently under care of another physician, are harsh and unjust, and peculiar to the medical profession. Neither of these statements is true, for our custom is identical with that which prevails every where among all classes of people, which requires the formal discharge of the old employe before a new one can take his place. Besides, no person, whether menial, mechanic, or physician, can fill a vacancy till one exists.

Be especially chary of taking cases in families into which you have been called in consultation more particularly if you were called at the

former attendant's suggestion, on account of your supposed merits, for he, chagrined at his displacement, will be apt to scan every feature of the change, and, if there be any ground at all for suspicion, he will conclude that instead of obeying the Golden Rule, and sternly refusing to supplant him, you have taken advantage of the introduction he gave you, ingratiated yourself in, and ungenerously elbowed him out. And remember this, that the profession will instinctively soon learn who is fair, honorable, gentlemanly and ethical, and who is above taking advantage of these unfair opportunities and call him in all consultations, or in their absence from home or indisposition from professional duties put him in charge of their practice, fearing no mean or under-hand scheming.

You will sometimes be called to a patient, and, upon going, will find that he is under the care of some other physician, and will, of course, refuse to attend, but you will almost surely be urged to just look at the patient and tell what you think; or whether the attending physician's treatment is not wrong; or prescribe for him; with the assurance that the other physician shall be kept in ignorance of your visit. Bear in mind that honor and duty require you to do right in these and all other positions, in which you may be placed; not through fear, or for policy's sake, but because it is right to be right, and for the other equally broad reason that you yourself would be cognizant of the wrong, whether the other knew it or not, and it would lower you in your own eyes; decline, therefore, courteously but firmly, their solicitations, with an impressive assurance that you desire to possess your own respect as earnestly as you do that of others.

Unless a great emergency exists, you should determinedly refuse either to sit in judgment on another's work, or in any way to interfere; if, however, the case be one of urgency, your services should be rendered for the attending physician, and you should leave a note telling him what you have done, or see him in person if possible and do the same. Be careful to do every person justice. Suffer injustice rather than participate in it. Sometimes, even though the letter of ethics allows you to take a patient, it may be unwise or unkind to do so; use such opportunities to harmonize, rather than to disrupt. You can do this, yet not make a habit of cheating yourself out of patients.

So, finally, I would say every remember the code of medical ethics and live as closely to its precepts and spirit as possible; and, never forget every principle of honor and duty requires us to stand by and defend each other in every thing that is reasonable and just, and forbids us to think of lending ourselves as "medical cat's paws" in malpractice suits or otherwise. Remember that the absence of rules for our government would also leave Dr. Allforself and others to frame their own codes.

which might violate all logic and rules of propriety, as is often done in violation of ethics and the Golden Rule. The non-existence of a code of ethics would also make it possible for Dr. A. to pounce on the patients of Dr. B., and carry on a regular system of infringements, self-advertising, certificate-giving, and wrong-doing in general, regardless of their rights and still claim that they were as honorable as SOCRATES, and there would be no visible standard of appeal by which to prove the contrary. In view of these and many other facts it has been found necessary to have a written code of ethics for regulating the conduct of physicians toward each other.

SOME NOTES ON GENERAL ANAESTHESIA.*

DR. F. L. ABBEY,
Newton, Kansas.

The subject of General Anaesthesia has never received the attention it deserves. The wonderful achievements and great advances of surgery in recent years have attracted the admiration and fired the ambitions of modern surgeons. With steady hand and dauntless courage they have explored almost every nook and corner of the human body, repairing injuries, removing diseased organs or abnormal growths and correcting deformities. Great credit has been given to Asepsis and Antisepsis for these great advances in Surgery. Shall we not give equal credit to Anaesthesia without which these great operations can not be performed? Ask the patients who have survived serious operations what was their greatest dread as they approached the operating table, the operation, or the anaesthesia. Four out of five of them will say, "The anaesthetic." Why? Because they know that as they close their eyes to this artificial sleep they are giving up will, consciousness, all their special senses, power of motion and sensation. They are dead to all the world and only the breathing and the pulse give sign of life. When fully anaesthetized they are close to the boundary line between life and death, and who shall say how far they may safely go. A little further and respiration is impeded or

*Read before the Kansas Medical Society at Wichita, May, 1905.

suspended and last of all the heart ceases to beat and life departs. Is it strange that patients who are enfeebled by injury or disease, to whom the result of the operation may mean life or death, are fearful to yield themselves to the sleep that may be their last? Have they not a right to ask that the man who holds the slender thread of life in his hands in this way shall be as skilled as the one who yields the knife and needle? In this connection allow me to quote the general conclusion of the Anaesthetics Committee of the British Medical Association from their study of over 25,000 cases. "By far the most important factor in the safe administration of anaesthetics is the experience of the administrator. In many cases the anaesthetization completely transcends the operation in gravity and importance and to insure success particularly in these cases it is absolutely essential that an anaesthetist of large experience should conduct the administration."

What are the facts? Many of the patients who are operated upon are anaesthetized by men whose whole course of instruction in anaesthesia consisted in listening to one, two or three lectures on that subject given by the lecturer on general surgery whose own experience was that of an operator and not that of an anaesthetist. True, our medical students see ether and chloroform administered at the hospitals but the interest of the class is centered upon the operation. If the patient lives great is the credit to the operator. If the patient dies on the table, the anaesthetic was the cause of it. But few schools give adequate special instruction and demonstration in anaesthesia. Didactic lectures and text books are not to be relied upon to produce expert anaesthetists any more than correspondence courses are to make expert stenographers.

It is true, especially in country practice, that emergencies often arise and necessity compels the employment of an inexperienced physician or even one who is not a physician. But whenever possible the services of a competent anaesthetist should be secured.

It is unsafe to take the patient's word as to the condition of the stomach. Patients have declared that they have not taken food for hours, and yet under anaesthesia have yielded up chunks of banana, cheese, oysters, gum drops and hard boiled eggs. These are a serious menace to the life of the patient on account of the danger of their entering the trachea. It is also well to make it a part of the routine to see that there are no false teeth or other loose articles in the mouth. The best position for a patient is the horizontal one. If a pillow is used it should be a low one and placed under the shoulders. In this way the head is slightly over-extended and the face should be turned slightly to one side, usually to the opposite side from the operator. This position causes the least embarrassment to the respiration and gives ease of control. If the lower jaw drops and hinders

free breathing is should be supported, but the practice of forcibly dislocating the jaw forward is rarely necessary. The posture of the patient should be as natural and comfortable as possible always keeping in mind that paralysis from pressure, dislocations from careless handling and even fractures may be suffered by a person while anaesthetized. Care must be taken when the patient is taken from the warm operating room to avoid sudden chilling in cold halls or by open doors and windows. Sudden jolting or jarring of a patient just recovering from deep anaesthesia or bordering on surgical shock may be immediately fatal. The patient should be without a pillow in a warm bed, arms, limbs and head comfortably disposed, and a nurse in constant attendance until well awake. Hot water bottles should never be in immediate contact with the patient's skin, which might be seriously burned while the patient is still unconscious.

The anaesthetist should never crowd the anaesthetic. Especially is this true in the early stages of anaesthesia. Crowding the anaesthetic upon a conscious or semi-conscious patient means resistance and struggling and a struggling patient is in danger. He may in one or two deep inspirations receive an overwhelming dose of concentrated vapor and die before completely anaesthetized, though it is not an overdose necessarily that kills, but the concentration of the vapor by exclusion of air. Surgeons are usually busy men and when prepared for the work before them are anxious to get it done as soon as possible. But the safety of the patient is the prime consideration before which all others must yield. Forcing a mask or cone saturated with the anaesthetic upon the face of a half conscious being, weakened by disease and half crazed by fright and worry, and excluding air and forcibly restraining the patient's efforts to get away, simply because the surgeon is waiting and has another engagement, is neither right nor safe. Statistics and experience teach us that a large percentage of deaths from anaesthesia are in the early stage of the administration. These are due to three causes: First, the crowding of the anaesthetic; second, the limitation of air, third, shock under imperfect anaesthesia.

The confidence of the patient should be secured as far as possible—assurances of careful attention and of trust in the ability of the patient to take the anaesthetic well; and warnings of what may be expected as a matter of course, such as the bad odor, choking sensations, numb extremities and noises in the ears should be given. The room should be quiet, free from the bustle of preparation by nurses and operators. Talking and laughing during the early stages are likely to be misunderstood and mis-interpreted by the patient and should not be indulged in. It is best to have the patient well under before beginning even the final preparation

of the operation field, especially about sensitive parts as the rectum or perineum.

I will not enumerate the signs of complete anaesthesia, signs of danger, etc. No one sign by itself is infallible. A dilated pupil may be a sign of an over dose, or in a neurotic subject may be a reflex from the operation. Light breathing may be the sign of approaching collapse, or it may signify too light anaesthesia. A rapid pulse may mean failing heart, or precede the vomiting of waking. Half open eyes are usually a sign of a poor subject; but I have known such who presented no other unfavorable symptom. In operations requiring profound anaesthesia the conjunctival and corneal reflexes are sometimes wholly abolished. I would not disparage the observance of these signs but there is besides these a general picture of poor condition that notifies the careful anaesthetist that all is not well with his patient. It is not easy to describe but is probably a composite of unfavorable symptoms and the early recognition of it may save the life of a patient when dependence upon the appearance of one or two special signs may prove fatal.

I believe in simplicity in methods and apparatus. An Esmarch inhaler is light, cleanly and furnishes ample opportunity for the admixture of air and the distribution of vapor. With a common bottle fitted with a properly notched cork the amount of anaesthetic can be regulated at will. The complicated closed inhalers with valves, tubes, air chambers, ether bags, and foot pumps are cumbersome, unsanitary, out of order and unsafe except in the hands of their inventors or those who have had long experience with them. They may save material but are costly themselves. They may be impressive, but carry disease germs from one patient to another. Except in expert hands they are dangerous to the life of the patient, which in itself is enough to condemn them.

Less than a year ago the statement was made by one of our members who had spent some months in the hospitals of Europe, that ether was being given very extensively upon an inhaler of the Esmarch style. I have tried it many times since and I am very much pleased with it. I usually begin the anaesthesia with a cautious, careful slow administration of chloroform. When consciousness is lost I change to ether without changing the mask and the patient enters the surgical degree without having struggled, without embarrassment of breathing, without excitement, but stimulated, vigorous and full of life. And I am able to keep them under, to prevent vomiting and to have less trouble and more satisfactory results than with an Allis or even more complicated inhalers.

The accidents of an anaesthesia are better prevented than treated at the time. The careful preparation of the patient, attention to the stomach and bowels, examination of urine, and the administration of

strychnia for several days previous to the operation will aid materially as preventive measures. In sudden complete collapse it is best to throw the feet down and head up for a few seconds to empty the distended heart,—then the head down position while artificial respiration by Sylvester's method is continuously employed. In beginning artificial respiration in these cases, the first maneuver should be to compress the chest to empty the heart and to force out the surcharged air from the lungs. If the arms are first extended above the head the heart is further distended. Rhythmic traction of the tongue has seemed to be of great benefit in some cases. In cases of shock during or after operation I have seen the most favorable results from the use of salt solution in the veins.

DISCUSSION.

DR. HUTCHISON thought that it was not always best to take the word of the patient as to whether there was anything in the mouth or not, but that it was always best to make sure by examining ;he encountered a case in his own experience, of a child who assured him that there was nothing in the mouth. Some trouble occurred, mask was removed, and a pin was taken from her mouth.

DR. LONGENECKER said that he could not see the exact reason for administering strychnine two or three days before operation, that the effect was transient and need only be given immediately before administration of anaesthetic.

DR. MCGUIRE.—It seems to me that this is an important subject, and should be discussed more by the general practitioner. It is well to talk over the various methods of giving. Some are fortunate enough to be situated in such a way as to have some one give the anaesthetic for them, while others are not. Certainly a brilliant operation with bad administration of the anaesthetic does not give very brilliant results. The routine practice with some men is to give patient small doses of strychnine a few days before operation. The continued stimulation before anaesthesia has given us best results. Above everything else, an intelligent knowledge of what the kidneys is doing before the operation, is the most important. I have seen fatal terminations by the kidney route following chloroform, but I do not say that it was the chloroform that killed. Your case should be absolutely protected with blankets and carefully watched for the first twelve hours, or you may have grave danger with your kidney. This is absolutely necessary for at least twelve hours after administration of anaesthetic.

DR. SCHENCK said that he would like to ask a few questions. One was as to the relative safety of mixed anaesthesia,—whether to give one first,

following immediately with the other, or, whether it would be better to give them mixed? Another was, as to the advantage or disadvantage of giving morphine before administration of anaesthetic? The doctor remarked that it was not always possible to have patients in an ideal position or condition, and told of a case in his own experience of a boy, who immediately after a very hearty dinner, consisting principally of green corn (as the doctor could prove) was thrown from his horse and had an arm broken. Not an ideal condition upon which to administer an anaesthetic, —but the patient recovered,—his corn!

DR. FABRIQUE—There has always been a good deal of controversy as to the relative safety of the two anaesthetics. I do not believe that chloroform is as dangerous as many surgeons would have us believe, nor that ether is as innocent as some have credited it with being. Nor do I believe that every case of renal complication following operation is due to the anaesthetic. Disturbance of the nerve ganglia of the abdomen is as apt to produce trouble as the anaesthetic. I have always used chloroform exclusively; Dr. Bowers has for the past two or three years used ether exclusively. We always examine urine before and after operation, and thus far have found no difference in the effects occasioned by the two. It seems to me that there is less vomiting after chloroform, but I believe that the majority prefer ether. We hear of a good many deaths by the "kidney route" when many times I believe the anaesthetic had nothing to do with it.

A MEMBER:—I think it very important to give chloroform first, and then follow up with ether. It is a very bad suggestion to instruct the patient to "breathe deeply." Secure the confidence of your patient, and give gently, having him breathe naturally until lungs get used to the change then you can push it without danger.

DR. RILEY said that if we would make ourselves conversant with the condition of the blood, and the changes likely to take place therein, we would have less trouble with the kidney post-operative.

DR. HERTZLER spoke of the importance of haemoglobin estimate of blood, that the great reduction of this constituent of the blood was not sufficiently taken into account; it might show 45 before operation, and after operation but 25. He thinks ether safer than chloroform, but that chloroform was dangerous because improperly given; spoke of a case in which incision was made before patient was thoroughly under. Patient drew quick breath, thus inhaling a very concentrated form of vapor, with fatal result.

DR. HALDERMAN spoke of the different effects which an anaesthetic might produce upon the same individual at different times, and men-

tioned a characteristic case: Patient with crushed foot; went quietly and smoothly under, with no trouble, and no unpleasant effect. Two or three weeks later had occasion to use anaesthetic again, administered by the same anaesthetist, at the same time of day, and with same conditions existing,—but he took it very badly all the way through, and suffered the greatest nausea and distress for 45 hours afterward.

DR. ROSS spoke of the utility of "Narcotine" in dental work, as well as for opening of abscesses, curettage, etc. It is transient in its effects no nausea, and very little systemic disturbance following its use.

DR. MUNN spoke of the use of spinal cocainization, and said he did not see why this method should not become more popular, as the technique was simple and results satisfactory. He cited a recent case which he saw in which the individual sat up and watched the operation, after having this method of anaesthesia used.

DR. GUNDRY thought that the administration of cocaine by spinal puncture was rather uncertain, as it was somewhat of an operation to get the needle into the proper place.

DR. ABBEY.—Strychnia seems to have a general tonic effect upon the patient. As to the effects being so transient, do not think the effects pass off as rapidly as stated. As to giving morphine, I do not believe in it because it is apt to obscure the effects of the anaesthetic. In regard to mixtures, my favorite is one part chloroform and three parts ether, have found it safe and easily given. There seems to be a difference of opinion as to urging patient to take deep inspirations. My idea is to secure the entire confidence of the patient; give him to understand that he will have some peculiar sensations; have him relax and make as little exertion as possible, and to breathe naturally and regularly. I do not think it necessary to keep urging to take a long breath. As to sudden death following operation there are various things which might cause it. The use of artificial respiration is very important, and should not be stopped too soon; it should be persisted in long, after the case seems hopeless. I know of many cases that have been resuscitated after being apparently lifeless for an hour, by a continued use of artificial respiration. In operating at night by lamplight, ether is very dangerous, because easily ignited. Chloroform is decomposed by open flame, producing a very irritating gas. You will not notice it very much if you have a closed stove, but in the presence of several lamps it will soon be made manifest.

THERAPEUTIC ACTION OF CHEMIC SALTS.

B. D. EASTMAN, M. D.

Professor of Materia Medica and Therapeutics in the Kansas Medical College,

Topeka, Kansas.

(Continued.)

PHYSIOLOGICAL ACTION.

In attempting to apply there physical processes of salt action to vital phenomena and to deduce therefrom therapeutic principles, we must distinguish between isotonic and anisotonic solutions, although the ultimate result will be much the same, notwithstanding it is brought about in different ways.

EFFECT UPON CELLS.

If the molecular constitution of the medium surrounding the cells be changed, a change in the total water or salt content of the cells will result. A hyperisotonic change will withdraw water and a hypoisotonic change withdraw salts. If the ratio of the different salts in the surrounding medium is not the same as that in the cells, their ratio in the cells will be changed and when salts are withdrawn certain salts will leave more rapidly than others. A salt action on the cell will therefore result in the changing of its salt and water content and the ratio of individual salts. These changes will react upon the proteids just as in a test tube a certain increase of salt or water of a solution will precipitate globin or other proportions will dissolve it. The physiological effect of these physical changes is irritation leading to quantitative or qualitative change of function. Metabolism is also changed, most pronounced in cells of lowest vitality and least resistance, that is, pathologic formation, chemical or anatomic.

A very strong salt solution injected into the circulation affects especially the central nervous system, causing stimulation and subsequent paralysis similar to effects of asphyxia. (This phenomenon explains at least in part, the symptoms of uremic poisoning, and offers the therapeutic suggestion of lessening the concentration of the blood by hypoisotonic solution of blood salts.)

EFFECTS UPON SERUM.

The first action will be to increase the quantity of serum irrespective of the strength of the salt solution or manner of introduction. If an isotonic or hypoisotonic solution be introduced it will pass into the blood, obviously increasing the serum; if hyperisotonic it will be rendered isotonic by absorption of water from the tissues and then enter the blood. But the blood is prone to maintain its normal condition much more so than the

tissues and any attempt to alter its composition is met by discarding adventitious substances into the tissues where they remain until excreted. Hence, the composition of the tissues will be changed by salt action on the cells. The increased flow of blood will cause an increased flow of lymph, urine, sweat, and other liquid secretions by salt action, filtration and vital secretion, until the ratio of serum to corpuscles becomes normal.

DIURESIS.

The introduction through any channel of diffusible substances into the circulation increases urine especially rich in the injected substance; but also holding increased amounts of the other ingredients. Inasmuch as urine is secreted against a practically non-proteid fluid, that is against urine, the vital activity of the cells is the most effective cause of such secretion. And as the introduction of any salt will cause an increased excretion of all other diffusible constituents of the cells, the result is a "flushing" of the whole body.

ABSORPTION OF EFFUSIONS.

Solutions of diffusible substances no matter of what concentration, are rapidly absorbed from any of the body cavities or cellular tissue, principally through osmosis. If the solutions are hypotonic, water will be absorbed from them until they become isotonic, if hypotonic they will first absorb water from the tissues until they become isotonic, then to be absorbed in either case. It might at first appear that the law of osmotic absorption of equimolecular salt solutions could not affect the absorption of effusions, which usually contain proteids, but the percentage of proteids is always less in them than in the serum and proteids outside the circulating body-liquids are gradually broken up into more diffusible compounds. The process though slow would still be complete, but filtration, secretion and other vital processes are doubtless concerned although the exact role of these different processes has not been determined.

ABSORPTION FROM THE ALIMENTARY CANAL.

Filtration and vital action are more concerned here. Water or salt will be absorbed until the contents of the bowel becomes isotonic, thus causing irritation which if mild, will stimulate functional activity and lead to increase of secretion, absorption and peristalsis.

THERAPEUTIC APPLICATION.

Water and hypotonic solutions will increase the amount of water in the tissues and remove salts from the cells. An experimental illustration of this action is the placing of lower organisms or some fishes in distilled water, where they lose their salts and soon die. Salt content cannot be safely lowered below a certain limit. It is not possible, however, to take distilled water into the stomach in sufficient quantities to remove salts

from the body tissues in such amounts as to be injurious. Absorption of aqueous liquids takes place very rapidly from the intestine but slowly from the stomach. Some experimental evidence is to the effect that water cannot be absorbed by the skin, although physiologists generally hold that it may be very slightly absorbed. Practically the epidermis appears to be almost impermeable to it. Bathing in cold water will contract cutaneous vessels, lessening loss from perspiration, hot water dilates vessels and favors diaphoresis.

The excretion of water takes place by kidneys, lungs and skin. If administered with salts of urea it will ordinarily go with the latter and act as a diuretic. If given pure, especially if hot and with cardiac stimulants, it will act as a diaphoretic. When large quantities of water are taken the nitrogen in the urine is increased and vice-versa. Such increase of N. is doubtless largely due to the washing out of the tissue ready formed, diffusible nitrogen waste products. When the body is charged with a large amount of these, as in fever, chronic rheumatism, etc., water is valuable agent for their removal. If the consumption of water be kept high for a considerable time, the nitrogen excretion does not remain at its high level but does continue higher than normal. An increased consumption of water may therefore be said to cause a breaking down of nitrogenous products, which like all salt action shows most strongly on pathologic formations. This is the explanation of the action of certain weak mineral waters, and of the good effect of hot springs treatment.

These therapeutic uses all rest upon the alteration in metabolism, the increased secretion of urine, and sweat and excretion of nitrogen and other waste products. The result of this alternative action cannot always be foretold. If the breaking down of proteid materials be only partial, it may result in the formation of fat; if complete it may lead to the destruction of fat. Hence water or mild mineral water treatment may increase fat or may lessen obesity. But in rheumatism, gouty or uric acid conditions the free use of water is always beneficial. Indeed there are many persons, especially women who use too little water to give the system that flushing out so necessary to the carrying away of effete matters. In acute idiopathic and symptomatic fevers and in almost all metabolic diseases, the free use of water, plain, carbonated, or slightly mineralized is of great benefit.

The indications for the use of water or hypersotonic solution as diuretics are the usual ones.

1. To remove liquid from body. Here the water in limited quantities should go with active diuretics.

2. The removal from the system of toxic substances, either introduced or indigenous. For this a free supply of water, reinforced with irritant,

salts, theobrominef piperizin, etc., is indicated. En eroclysis and hypodermolecysis of normal salt solution, are effective methods, too much neglected by the general practitioner

3. To dilute the urine, to render it less irritant, to prevent formation of calculi or concretions in the urinary tubules, or to dilute irritant poisons. As a diluent, water supported by throbromin is most useful.

The effect of watery baths of all kinds is due to an irritant action upon the epithelium, to reflex influence and to dilation or contraction of vessels and glands of skin.

It is important that soluble substances be given in dilute solutions when remote action is desired.

(To be continued.)

A CASE OF GONNORHEA WITH COMPLICATIONS.

DR. GEORGE R. WAITE.

Milan, Kansas.

Mr. Z. J. age 27, family history good, except that a brother had been troubled with hemorrhages. Patient had also suffered from internal piles for several years, passing large quantities of blood on defecation, with intense pain. These had been cured during the spring.

About six weeks ago patient consulted me regarding a urethral discharge, which from the history and symptoms I diagnosed as a case of gonorrhea, his first case. I prescribed protargol 2 per cent, solution and in six days discharge had ceased, having been very scanty all during the attack. About the fifth day after seeing the patient he began to complain of pain in the rectum. On making a digital examination I found the prostate gland enlarged to the size of a small apple, very hard and tender. I prescribed saw palmetto and santal oil, but the pain increased I tried milking the gland also but with the same result.

By this time (four days after patient began suffering pain) fever developed and I advised operation having diagnosed the case as one of prostatic abscess. On June 8 with the assistance of Dr. Owens, I inc's-

*Read before the Sumner County Society, June 29, 1905.

ed the perineum from one tuberosity of the ischium to the other, dissecting my way down to the capsule of the gland, which I cut into. There was but a small amount of discharge at the time I packed the cavity with iodoform gauze and dressed the wound with gauze and cotton, applying a "T" bandage. I called again to see the patient about one o'clock three hours after finishing the operation, and found the dressing soaked and wetting the bed clothes wet. I applied a new dressing and found it in the same condition as the first at 6 p. m. After changing the dressing again it was not necessary to dress the wound more than once a day, and in ten days the discharge had completely stopped, and the wound had nearly closed.

About a week after the operation patient again complained of pain in the rectum. This was due to eight external piles, which had formed a beautiful rosette around the border of the anus. I applied different salves, lotions, suppositories, etc., but with no effect until the pain was so intense that he could neither eat nor sleep without the use of morphine. After three days of suffering I told him we had better operate, to which he gladly consented. I used cocaine as a local anesthetic, incising four of the piles and expelling clots of blood, and excising and ligated the rest. After the effect of the operation had worn off the patient became easy and has steadily progressed to recovery.

As regards the local anesthesia: I have seen articles written recommending it for the removal of piles, but I am here to tell you as regards to the pain I might as well have used "Hot Air."

I would like to hear from my colleagues their opinion as to what size the prostate will attain during an acute attack such as this. I have seen cases before where the gland was considerably enlarged, but nothing comparable to this.

A KICK FROM A HORSE.*

F. M. OWENS, M. D.
Argonia, Kansas.

March 15,¹1905 at three p. m., I was called to Benjamin Nicholson, a farmer, near Argonia, Kansas, aged seventy four, and found him sitting

*Read before the Sumner County Society, June 29, 1905.

up on the bed side supported by two persons, one on either side, breathing very heavily, suffering greatly from abdominal pain, and in a state of apparent collapse. As related by the hired man who was with him at the barn, I found that he had received a severe kick on the abdomen, slightly to the right of the median line, about eleven o'clock, or four hours before my arrival. Inspection showed plainly the prints of both hoofs. When kicked he was thrown violently to the ground, falling backward and to the left on left hip and sustaining an injury from which he still suffers. Within a few minutes Mr. N— arose, walked some distance to some corn fodder, thinking he was not seriously hurt, and began husking out the corn. This he continued for more than half an hour when the pain began in the abdomen with such severity that he called for help and was taken into his house. Upon my arrival his radial pulse was not perceptible; heart beat very feeble but regular; the bowels had moved copiously after the injury and before my arrival. A hypodermic injection of one-half grain morphia with one one-hundredth grain of atropine relieved his pain, restored his heart action, and recovery from primary shock began. I called twice daily thereafter, finding him in but little pain; heart action fairly good. This continued until Sunday, the 19th, when I found him upon my early visit in a condition from which I thought he could live but a few hours at most. The radial pulse was again imperceptible, the heart very weak and missing about every third beat, respiration difficult, skin cold and clammy. A cardiac stimulant was at once given (Dacosta's formula with strychnia) with but little response. Having previously arranged to take another patient to one of the Wichita Hospitals on Monday (the following day) I called in Dr. Waite of Milan to see the patient with me and care for him in my absence for the next two days. At my next call, about two p. m. (Dr. Waite being present) we found his condition somewhat improved. The return to the normal was gradual and slow from this secondary shock. The abdomen at this time presented a greatly distended condition and what appeared to be a large hematoma had formed in the lower right part of the abdomen. Mr. Nicholson's condition then seemed to improve for several days until the following Saturday when vomiting of fecal matter began and continued for almost a week. The bowels at this time were very inactive, almost paralyzed. On Wednesday, the 29th, I found him with a slight temperature and he complained of a pain in the upper thoracic region. Examination revealed an inflammation or pneumonia involving the upper right lobe. This went on through a typical course of red and gray hepatization with nothing unusual except a weak and feeble heart. The abdomen continued very much distended and the patient was troubled greatly with gas in both stomach and bowels, the colon tube being often

resorted to for relief. At about this time vomiting ceased and peristalsis was again set up, and the fecal matter moved downward. When the time arrived for resolution to take place in the diseased lung, I noted an evident increase in the amount of sputum, with a disagreeable odor which grew worse daily and seemed likely to end the sufferings of my patient. Careful examination revealed the fact that necrosis of the diseased lung had taken place and the necrosed tissue was being raised in enormous quantities. The temperature at this time was subnormal and never had shown more than one hundred and one half degrees, Fahrenheit. The condition finally yielded to treatment and improvement began about May 20. Mr. Nicholson then began to get about the house; then trouble of a dropsical nature set up, the feet and lower limbs swelling until they were hard, glistening and very painful. This condition after defying for a long time the usual treatment exhibited in such cases, has at last yielded and Mr. Nicholson is now able to be about on his crutches with little or no swelling remaining.

Status praesens: Heart not strong, missing an occasional beat; appetite good; digestion fair; bowels sluggish. Urinary analysis shows no albumen or sugar. Patient is in fair spirits although he has lost many pounds of flesh.

PHYSIOLOGY.*

E. C. DUNCAN, M. D.
Fredonia, Kansas.

Human Physiology deals with living human beings in all their functional aspects, beginning with the beginning of life, next investigating its mechanism, tracing its growth to maturity, thence its decline and death. In the fifteenth century B. C. the Egyptians regarded hunger and thirst as quasi-poisonous substances within the body, requiring to be neutralized with food and drink. They considered that the heart increased in weight until the age of fifty years, it gradually diminished in size thereafter, until death ensued from its shrinking. Hippocrates says: "The source

*Read before the Wilson County Medical Society at its June meeting, Fredonia, Kansas.

of life is innate heat and is conveyed to all parts of the body by the pneuma which moves continually in the blood vessels. By the peculiar warmth of the stomach and adjacent organs food is digested. Blood in the right heart is cold whereas that in the left heart is warm. Blood is prepared in the liver which also prepares the bile. The brain condenses the ascending vapors into nasal mucus. How different are our conceptions of physiology today.

The first real progress began in the seventeenth century when Harvey demonstrated the circulation of the blood. Harvey failed, however, to make plain the passage of blood from arteries to veins, this part of the circulation, viz: the capillary, being described by Malpighi in 1661. In 1648 Van Helmont described fermentation in the stomach (the opinion being since the time of Hippocrates that it was the "peculiar warmth," etc., of the stomach that digested food) and during the next hundred years important work was done regarding the digestive tract. In the eighteenth century the gastric juice was first known. During this time respiration was receiving attention from Boyle and others. In the nineteenth century nearly all of our present knowledge of physiology was elaborated.

Physiology is one of the most important branches of medicine. It, with Anatomy, Pathology, Bacteriology and Chemistry form the very groundwork of all true progress in medicine. Without a knowledge of Physiology, the other fundamental branches of medicine are worthless for practical purposes, in fact they could never have reached their present state of perfection. Indeed Pathology would have been unknown. F. J. Lutz, Professor of Surgery in the Sims-Beaumont Medical College, ex-president Missouri State Medical State Society, etc., once said that he would rather trust the doctor who had a good up-to-date physiology in his library (its condition indicating that it was in constant use) than one who had all the works on surgery that were ever written and lacked the physiology. The blood is the most highly organized of the body tissues, it being composed of the elements which form all the other parts of the human anatomy. Hence a perfect knowledge of the blood is essential. One has but to compare Hippocrates' ideas of the blood with our present day ideas to realize the wonderful amount of original research that has been made. Harvey's was the decision that gave the impetus to later investigators. Among the latest and most important discoveries, which were made possible by the earlier physiologists, we might mention vaccination and antitoxins, two of the greatest life saving discoveries the world has ever known—more important than gun powder, diamonds, silver or gold.

Our knowledge of malaria, yellow fever, typhoid fever, their prevention, which is more important than their cure, is entirely due to physiology. While acknowledging the part bacteriology plays here, it must

be admitted that without physiology these discoveries would have been impossible. When one stops and reflects on the benefits of mankind accruing from physiology, I have no hesitancy in saying that it has done more to shape the destiny of the human race than all the wars, kings, queens, potentates now living or have lived.

A great part of the earth's surface now inhabited would have been hot beds of pestilence and disease—great tracts of land in Europe, part of Africa and Asia—our own southern states would have been ravaged by deadly Malaria, Cholera, Bubonic Plague, Yellow Fever, etc. The Panama Canal would be an impossibility. I say that Physiology is the foundation structure that has made these countries habitable and great enterprises possible.

If an army kills 200,000 men of the enemy's army or a naval commander destroys \$65,000,000 worth of his antagonist's ships he is immediately proclaimed a great man; but how many outside of our own profession know anything of the men who have done some real service to humanity? Who knows anything of Reed, Carrol or Finley?

The physiology of respiration is very important. The necessity for the oxygenation of the blood and how it is accomplished. In the sixteenth century the Spanish threw all sorts of offensive matter including feces into the streets to purify the atmosphere. Nutrition is another important chapter. One has but to read a few chapters in any up to date physiology to realize the boundless good that accrues from a knowledge of this subject.

Physiology is divided into three great divisions: nutrition, innervation and reproduction. When we begin to consider innervation one stands appalled by the immensity of the subject. The physiology of the nervous system has been worked out with admirable precision during the last half century, with the single exception of the sympathetic system and our knowledge of that is increasing each year. The physiology of reproduction would fill a dozen larger volumes and much relative to it is not yet fully understood but its importance is evident.

To be a good physician, one must know the normal functions of the various organs and tissues of the healthy body and must be able to recognize deviations from the normal and to make practical application of the knowledge. Upon these facts and these alone the foundation of medicine rests and how can one know these things except physiology teach them?

It is my opinion that not nearly enough stress is put on the subject. After leaving college we are too apt to spend all our time and energy trying to find a specific for this disease or that symptom.

I quote from an original article by W. C. Abbott in the June Alkaloidal Clinic. After lambasting the Homeopath and Eclectics he says: "we

now turn the searchlight on the third of the so called schools, etc. The attention of the school has been largely engrossed by the study of physiology and pathology so that it has had little time to devote to the practical side of the profession—the work of treating the sick.” A little farther on he says, “and he takes refuge in therapeutic nihilism, denying the possibility of favorably influencing disease by drugs, or he plunges into surgery or mechanical means discarding drugs. If he finds it necessary to use the latter, many people preferring drugs to being carved, he resorts to his prescription book and selects a formula, etc.”

I am somewhat familiar with Dr. Abbott's methods and have admired him; but he only confines himself to the truth when it suits his purpose to do so. The so-called Allopaths have devoted considerable time and brains to the subject of physiology and pathology and had they not done so Dr. Abbot would occupy some other sphere no doubt from the one he now occupies. All other branches of regular medicine have advanced in spite of Dr. Abbott.

Is diphtheria antitoxin, therapeutic nihilism? Is tetanus antitoxin therapeutic nihilism? Are the elaborate tubercular facts gleaned from pathologic works lost to humanity on account of therapeutic nihilism or have they really done some good to the human race? Have the physiologic, pathologic and bacteriologic facts regarding yellow fever and malaria been of no benefit to mankind or should they be classed with therapeutic nihilism? The eminent doctors would make light of all advance in physiology or pathology but I assure him it is only a means to an end, and that the up to date Doctor of whatever school uses those drugs, which in the light of his teaching and experience have been of service in like cases. But the most important thing is to first make a diagnosis based upon a knowledge of physiology, and pathology, then apply the remedy or remedies that are indicated, whether they be alkaloids or the reliable tinctures or fluid extracts of such firms as P. D. & Co. or Lloyds.

I rather suspect that the so-called allopaths, who have lived, yes even died investigating such diseases as tuberculosis, cholera, bubonic plague, yellow fever, and malaria and gave freely of the result of their labors, have contributed more to the world than those who think that every one who doesn't look at things through glasses of the same degree of convexity as themselves are therapeutic, nihilists and carvers.

PUERPERAL SEPSIS—CAUSE AND TREATMENT,

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J. J. SIPPY, M. D.,
Belle Plaine, Kansas.

Puerperal sepsis is according to each individual physician's experience an extremely rare(?) condition. At least he is as a rule extremely reluctant to confess the existence of such cases in his own practice, a course which would be in this age of commercialism, very unwise and inadvisable. The laity are quick to condemn and his competitors always ready to accuse him of his negligence to maintain strict asepsis and cleanliness, and any acquiescence on his part, or the absence of a ready denial, is accepted as a confession of his guilt, and his finances and reputation suffer in consequence. That the obstetrician may have followed all aseptic precaution or that his patient may have been guilty of gross neglect to maintain strict surgical cleanliness is no excuse. True though it may be that these thoughtless accusations are many times unjust, yet they have acted as factors in goading us to better educate ourselves in these conditions or forcing careful asepsis upon those of us who may be inclined to be careless either willfully or unguardedly. Yet at the same time they are for the most part harmful; for it is often the case that the physician is driven through fear of consequences to conceal facts and data which would prove invaluable in the study of these septic conditions. Still this condition of affairs is our own fault as physicians and educators in public hygiene, and while we may not for a great many years to come create among our clientage a thorough knowledge of bacteriology or the conditions which underly and produce these complications of the puerperium, yet we can and should disseminate a spirit of leniency for the practitioner who is earnestly striving for all that is good for his patient and himself.

Labor, while a physiological process, borders so closely upon the pathological that it is often indeterminable where the one stops and other begins. At any rate they may both be considered bacteriological. According to Edgar it is held that the cavity and contents of the gravid uterus are sterile in the majority of cases. In the minority a pre-existing endometritis or one contracted during gravidity, from the death of fetus, or from some maternal blood infection, may bring about intra-uterine infection. The claim that the vaginal secretion of a healthy woman whether pregnant or not, is normally sterile, and bactericidal, appears to be untenable, though it may be accepted as true in the ma-

majority of cases. It is readily agreed that the external genitals of a woman swarm with bacterial life, and contamination of the vagina may occur in many ways, especially during labor, when she is exposed to the introduction of outside germs through manipulation of the outside genitals, instrumental interference, bathing in tubs, the use of infected douche points, napkins, etc. What this germ may be can only be decided after careful laboratory investigation. Although in many cases the clinical picture may be diagnosed it is not infallible and is often misleading as far as treatment is concerned.

The common saprophytes which under ordinary circumstances prey only upon dead tissues may assume abnormal virulence and toxæmic properties and cause general infection unaided. The deadly streptococcus pyogenes sometimes exists as a harmless saprophyte, while under certain conditions it may simply set up local inflammation and toxæmia, and in its highest form of virulence is the chief cause of septicæmia. Gonorrhoea may occur as an active or of a latent type. I have had in my own practice an undoubted puerperal infection of tubercular origin, due no doubt to the migration of the bacilli from a large tubercular ulceration of the rectum, or possibly through the systemic infection of the blood. The infectious diseases such as erysipelas, diphtheria, scarlet fever, measles, etc., play their several parts in the etiology of this condition. However none of these may act singly, and it is rarely that any infection is of one type, purely and unaided. At any rate our treatment of the infection is directed towards the destruction of these germs and since this varies little in either case, an accurate bacteriological diagnosis is not nearly so important as is our recognition of the extent and result of the infection.

The focal lesions may take place from a vaginal ulcer, unhealed perineal tear, the tract of a suture, an unrepaired cervix or a general endometritis. Jewett, in the Brooklyn Journal for January, 1904, points out that the diagnosis must exclude non-septic infectious diseases and other than pelvic sources of septic infection. It should also be known whether the vagina or the uterus is the seat of the infectious focus. In nearly all cases the primary seat of infection is the uterine cavity. Infection may take place during labor or at any time during the puerperium. It has also been known to occur in women in which no examination had ever been made, proving conclusively that the germ is not necessarily always carried on the finger of the attending obstetrician.

Any rise of temperature or of any extent is to be watched with suspicion. Preceded by chill it increases in gravity. It has been held and is yet by a great many physicians that a rise of temperature may never occur without some infection of the genital tract, but nearly everyone

has seen well defined cases of auto-toxaemia, with fever, occur many times outside of pregnancy, why therefore can we not have it in the puerperium? The fatigue of the sympathetic nerve centres, induced by the process of labor, lacerations and other reflex conditions, are all productive of the most obstinate constipation, which in itself may cause the most severe toxæmia. In consequence we have fever, nausea, loss of appetite, slight delirium or stupor, flushed countenance, cessation of milk secretions, abdominal tenderness, etc., and yet how quickly this all disappears by a thorough flushing of the colon, and the administration of an active cathartic. Still, as I have said at first, any rise of temperature is always indicative of an infection, and the height of the infection is in direct proportion to the virulence of the infection. In a saprophytic or putrid endometritis, or what might be very properly termed a sapremia, we find this rise of temperature rarely occurring before the fourth or fifth day. Accompanied by a decided subinvolution, some tenderness of the fundus, with decided softening and flabbiness, sometimes pain, and occasionally free hemorrhage, a very offensive lochial discharge, frothy and light colored, and the toxæmic symptoms before mentioned, we have a decided picture of a saprophytic infection due to retained products whether membranous or placental shreds, blood clots, or sloughing of the endometrium. The complete cessation of the lochia at times, is due not to its "drying up," but rather to the mechanical obstruction of the uterine cavity either by shreds or malposition of the uterine body. The prognosis in this condition depends upon the prompt evacuation of the offending contents, the extent of metastatic infection and general condition of the patient.

A virulent streptococcus infection is unmistakable. The rise in temperature reaching as high as 106 to 107 degrees occurs within 48 hours and is as a rule abrupt and preceded by a most severe rigor, which may be repeated every 6 to 12 hours, and followed by a most severe prostration. Severe uterine pains and tenderness, with fixation and rigidity of the abdominal muscles, typical of pelvic inflammation, tympanites, retention of urine, or a highly acid urine, partial cessation of lochia which may or may not be offensive, vulval swelling and tenderness, an anxious expression of countenance, and rapid acceleration of pulse to a rate of 130 or uncountable in fatal cases, are all indicative of the severe inflammatory process, which is produced by this rapid bacterial migration.

Metastasis may occur with involvement of any or all pelvic organs and the consequent formation of pus cavities and abscesses, phlebitis, etc.

Systemic infection may be rapid and the patient overwhelmed

within a few hours. Prognosis depends upon general conditions of patient at outset, the absence of any organic disease, the general care and nursing and promptness of treatment.

Treatment in all cases is preventative, curative, and surgical. Preventative treatment is directed towards hygiene of patient, care of patient, physician and accessories. Hygienic treatment is directed towards building up the patient for resisting the infections, proper attention to room, light, drainage of the lying in house, etc.

Proper care of the patient is directed toward cleanliness, bathing, proper asepsis of the vulval pads, sheets, bedding, instruments used, etc. The use of the vaginal douche of weak bichloid or sterile water is recommended and used by a great many obstetricians but in my own practice I prefer to simply douche the external genitals, unless there should be an offensive lochia.

No physician who is attending any infections or contagious disease, or wound, should attend a case of confinement when it can be avoided. When he does it should be only after a complete bath and change of clothing, proper antiseptic care of hair and beard, and should never touch the patient without the hands encased in rubber gloves, properly sterilized. Curative treatment is directed toward support of patient and elimination of the infections. The method outlined by Jewett meets so heartily with my approval that I can, with a few alterations, do no better than outline it.

Membranous patches in the vagina may be treated with applications of tincture of iodine, or carbolic acid, followed immediately with alcohol and repeated two or three times daily, or may be dealt with after the method of Webster by vaginal packs of glycerinated formalin. I have found ichthyol diluted with fifty per cent sterilized water, and applied by brush or on a strip of gauze, very efficient. When the uterine cavity is the seat of infection the uterus should be explored to learn whether it contains fragments of placenta, or membranous or blood clots. Necrotic material can best be removed with the gloved finger and dressing forceps. Debris may be swept out with a soft cotton ball held in dressing forceps or by irrigating with normal salt solution. The foregoing manipulation should be conducted on a dressing table with due aseptic care. The dull curette is indorsed by many authorities and condemned by others. I have always used it as an exploratory measure at outset, and with due precaution I can see no contraindication to its use. Repeated curetting I do not endorse although some physicians repeat it several times, following it with a mop of tincture of iodine.

My favorite method of treatment after the exploration and removal

of debris is the repeated douching with sterile or normal salt solution, occasionally using a weak bichloid or creolin solution.

Jewett claims that eighty per cent of all streptococcic infections recover without treatment. On the other hand the most virulent infections will end fatally whatever treatment is employed. The temptation is to do too much.

The systemic treatment consists in bracing the resisting powers and in promoting elimination. For the former purpose strychnine and alcohol are the principal measures. Elimination is favored by one or two bowel evacuations daily and by diuresis. Plenty of water should be introduced into the circulation by the stomach by enteroclysis, or if necessary by hypdermoclysis. The addition of acetate of sodium to the fluid injected adds to the diuretic affect. Antipyresis when required may be effected by sponging or by wet sheet packs with water at a rapid or neutral temperature. Pus collection should be detected promptly and be dealt with as in other conditions.

IMPORTANT NOTICE.

Some months ago through the columns of the JOURNAL I requested the Councillors to make monthly reports of the conditions of the county societies in their respective districts. To this request Mr. Furst was the only councillor that responded, in which he stated that he organized Cowley County with an interesting meeting and that before the end of the year every county in his district would be organized.

I feel that my effort, to have the profession know the condition existing throughout the state, from these reports, has been a failure.

Now that I am at a loss to know just what would be the proper procedure, I have decided to call a meeting of the Councillors, and Secretary, on October 18, 1905, 10 a. m., at the Coates House, Kansas City, Mo. (This being perhaps, the most convenient place for all to reach.) and endeavor to arrive at some plan by which the organization may be brought to a higher plane and unite the profession in a social and scientific phalanx.

I have instructed the Secretary to give notice to each Councillor, and I hope to see every member of the Council present.

The editor of the JOURNAL will meet with us as he has some things of interest to present to the Council, whereby the JOURNAL may be made better, with the active support of the profession back of it.

Next year's meeting at Topeka, I predict will register the largest attendance in the history of the society. It will have a program that would be a credit to any State Society, one that will be so inviting that every active and scientific member of the profession in the state who is a lover of medical and surgical progress, will feel the necessity of making personal sacrifice to be present.

Our state possesses talent not to be ashamed of, and let us go on record, all together, as a unit.

As I am especially interested in the program for our next meeting, realizing upon it depends the success of the meeting, I wish to suggest in sending your "Subjects" to the Secretary, let it be done with the intention of presenting it to the Society in person, and not for free advertisement.

Also present your subject by Feb. 1, '06, so that a preliminary program may be issued by the 10th.

The privilege to be on the program is extended to every member of the Society, so don't be too modest and wait for the Secretary to formally extend a pressing invitation, nor be disgruntled in the event the Secretary should fail to do so.

Sincerely and Fraternally,

CHAS. E. BOWERS,
President.

THE LAND OF THE FREE.

It is a splendid recognition that has come to Dr. William Osler in his appointment at Regius Professor of Medicine at Oxford University, but it robs us of America's leading physician. There is a feeling that he might have declined, as he declined other great honors, had it not been for a practice we Americans have of riding success too hard. It is strange to think of this great physician as a victim of the American "courtesy," habit, but that seems to be about the size of it. Doctor Osler is

"the doctor's doctor," and we read the following in an account of his recent appointment: "Not only local physicians, but many others from all parts of this country and Canada, consult him concerning their personal complaints. This part of his practice is unremunerative, as the usual courtesies extended by one member of the medical profession to another do not permit of the charging of a fee. Though the confidence of the fellow-members of the medical profession has been flattering to his abilities as a practitioner of medicine, it has, nevertheless, consumed a considerable portion of his time. Some of Doctor Osler's friends believe it has been an important factor in influencing him to make the change."

Doctor Osler's case is not exceptional. Every great specialist in America suffers, in a greater or less degree, from the same conditions. Professional courtesy drains him of both time and strength, and the larger his success the heavier the demands for free service.

America has been called the land of the free pass. Nowhere in the world does the free habit reach such excesses as in the United States. A close observer on a train, especially a handsome train, notices the large proportion of passes to purchased tickets. One of the costliest express trains in the East is called The Pass Unlimited.

Nor does it stop here. At this very time we are having a refreshing illustration of it in the operations of our Government. Millions of documents, weighing in the aggregate hundreds of tons, are being sent through the mails under Congressional franks when as a matter of common honesty, the campaign committees should be paying postage on them. One reason why our postal system does not turn into the treasury a large profit is the enormous amount of free business it carries.

Of course, there must come a time when reform will begin its work. The railroads are trying to cut down free passes. Business is aiming at courtesy reductions, but the progress is slow.

In some respects there may be a "quid pro quo" in the free habit, but when it can banish the country's foremost doctor and produce a deficit in a great monopoly like the postal service its weakness is evident.

In the end common-sense will prevail. Then, when all pay alike, those who have to pay will not have to pay so much, for under the free system the man who pays his own way has to pay the way of those who do not pay.—From the Saturday Evening Post.

Gift to Library.—Dr. Jacob Geiger, of St. Joseph, Mo., has presented to the library of the Medical Department of the St. Louis University a complete set of Virchow's archives, comprising of 170 volumes.

LIQUOR LICENSE FOR PATENT MEDICINE DEALERS.

The Commissioner of Internal Revenue has ordered that after December 1, any one who sells so-called "patent medicines" "composed chiefly of distilled spirits, or mixtures thereof, without the addition of drugs or medicinal ingredients in sufficient quantities to change materially the character of the alcoholic liquor," must be licensed as a retail liquor dealer. "The same ruling," says the Commissioner, "applies to every alcoholic compound labeled as a remedy for disease, and, containing in addition to distilled spirits, only substances or ingredients which, however large their quantity, are not of a character to impart any medicinal quality to the compound." This additional statement seems to forestall manufacturers of such drugs from circumventing the ruling by adding comparatively harmless ingredients. Heretofore the sworn statement of a manufacturer has been accepted as the official description of the contents of each compound. Hereafter this will be supplanted by the independent analysis of the department chemists. This order will interfere seriously with the habits of those who, consciously or unconsciously have become habitual users of alcohol as the result of taking patent medicines. Such a case as that which recently came to our knowledge, in which a clergyman who called in a physician was discovered to be suffering from alcoholism through the use of a widely advertised proprietary article, will be rarer than it is. That clergyman would not have bought the stuff if he had to go to the licensed liquor dealer to get it. What is still more important, mothers who now give alcohol disguised in drug bottles to their children will have at least a chance of understanding better what they are doing. The practice of implanting in little children an appetite for alcohol and opiates is one which curses this land to an alarming extent. It creates annually no one knows how many habitual drunkards. The man who takes his whiskey over the open bar knows what he is doing; but the child to whom alcohol as an opiate is given is subjected to peril without knowing it. The manufacturers of these disguised stimulants and narcotics have, unfortunately, strong allies in a large part of the newspaper press, which finds their advertisements a source of great profit. City dailies, country weeklies, and denominational organs are about equally offenders against this aspect of the public welfare. We hope that the order of Commissioner Yerkes will shame the press into excluding from their columns advertisements of such articles and will help to arouse a healthy public opinion against the surreptitious use of stimulants.—From The Outlook.

THE MEDICAL RECORD AND THE PROPAGANDA AGAINST NOSTRUMS.

A little while ago the New York Medical Record contained a two-page advertisement of the Etna Chemical Company, which evidently was intended to counteract the effect of the report of the Council on Pharmacy and Chemistry which showed phenalgin to be a simple acetanilid mixture. Still more recently the same journal contained another page advertisement, one of which was occupied with a cartoon intended to cast ridicule on the efforts being made against the nostrum evil. Since these advertisements appeared in a scientific medical journal and a journal that is supposed to represent intelligent physicians, one might charitably suppose that they were admitted through lack of supervision. Such does not appear to be the case however.

Under date of September 8, the editor of The Journal of the American Medical Association sent the following letter to the Medical Record.

TO THE EDITOR:

Your issue of last week, September 2, contains a two-page advertisement of the Atna Chemical Company relating to their preparation, phenalgin. One page is entirely taken up with a cartoon evidently intended to deride The Journal of the American Chemical Association, the Council on Pharmacy and Chemistry of the American Association, and the propaganda against nostrums. The other page contains what is presumed to be an answer to the official announcement of the Committee on Chemistry regarding its investigation into certain preparations offered to the profession and to the public, especially as it is related to phenalgin. Permit me to quote from the advertisement as it appears on advertising page 21 of the Record:

"Recently certain ill-advised persons have attempted to confuse Phenalgin with patent and quack Nostrums and have so far succeeded that the influence of the Journal of the American Medical Association has been brought to bear against our legitimate and ethical business."

"We believe that Commercialism of the rankest kind has dominated this absurd crusade against us. These people may call Phenalgin a mixture or a compound, or anything that pleases them, it does not in the least change the fact that Phenalgin is just what we have always said it to be."

"We know that doctors who are practicing medicine and prescribing Phenalgin, will continue to do so regardless of the reports alleged analytical chemists whose experience in the sick room is an atom of a myth compared with that of those who are continually using our products."

My object in writing you is to briefly state certain facts solely for the information of your readers.

What the Council on Pharmacy and Chemistry of the American Medical Association is and what its functions are, is well known to your readers. While the council has been outlining plans for work, making investigation into various products,

it has published but one official report; this was on six preparations, viz: ammonol, antikamnia, Koehler's headache powders, orangeine, phenalgin and salacetin (sal. codeia Bell.) The report on phenalgin was as follows:

"According to the analysis of the contents of the original sealed packages as purchased, this was found to be a mixture, and to contain the following ingredients approximately in the proportions given:

Acetanilid	Sodium bicarb	Ammonium carb.
57	29	10

"Certain packages of phenalgin were purchased which on analysis did not show ammonium carbonate."

The committee signing the report * and vouching for its truthfulness consisted of:

J. H. Long, M. S., Sc. D., professor of chemistry in the Northwestern University Medical School and director of its chemical laboratories, the author of "A Text-book of Physiological Chemistry" and other works on chemistry, and, last year, president of the American Chemical Society."

W. A. Puckner, Ph. G., professor of chemistry in the school of Pharmacy of the University of Illinois and a contributor of scientific articles to chemical journals:

S. P. Sadtler, Ph. D., professor of chemistry in the Philadelphia College of Pharmacy, author of "A text Book on Chemistry," associate editor of the U. S. Dispensary, and a member of the Committee on Revision of the U. S. Pharmacopeia.

Julius Stieglitz, Ph. D., professor of chemistry in the University of Chicago, a man of wide repute as a chemist, and the author of several works on chemistry, and

H. W. Wiley, M. D., Ph. D., chief of the Bureau of Chemistry of the Department of Agriculture, Washington, D. C.

Besides the above, other chemists assisted in the work, and the following made analyses of phenalgin:

H. M. Gordin, Ph. D. (Berne), professor of chemistry in the school of Pharmacy of the Northwestern University who has done a large amount of original work, as his contributions to chemical literature will show; and

Max D. Slimmer, B. S. M. A. (University of Chicago,) Ph. D. (Berlin.) who has several fellowships in chemistry in the University of Chicago, who has done considerable original work in chemistry, and who is recognized as an honorable and capable analytical and consulting chemist.

These are the gentlemen referred to in the advertisement in the Medical Record of "alleged analytical chemists."

In a former advertisement the Etna Chemical Company says: "We protest against the association of Phenalgin in that publication" (meaning The Journal of the American Medical Association) "with patent medicines and nostrums as an un-called for insult to a reputable American Manufacturing Chemical Industry."

In this statement, the Etna Chemical Company gives physicians the right to ask whether it is "reputable" to inveigle them into prescribing a simple acetanilid mixture under the supposition that it is a definite synthetic chemical substance and to charge a dollar an ounce for a preparation the ingredients of which cost less than five cents.

There is, however, one assertion made in the advertisement which, I think, is well taken. The preparation is certainly not now a "secret remedy" for the Council on Pharmacy and Chemistry has cleared up all doubts as to the composition of "ammoniatedphenylacetamide,"

*The Journal A. M. A., June 3, 1905, p. 1791.

Since you did not see fit to publish or mention, the report referred to above, but have allowed your advertising pages to be used to slur the council on Pharmacy and Chemistry of the American Medical Association, as well as The Journal of the American Medical Association, I think it only fair to your readers that they be informed of the facts in the case, as far as they refer to phenalgin. I therefore, ask that you kindly publish this.

To the above the editor of the Medical Record replied under date of September 12.

It has always been the aim of the editor of the Medical Journal to keep the editorial and advertising pages of the journal entirely distinct and in continuing that policy I am forced regretfully to return your letter replying to an advertisement in the issue of September 2. If there should be at any time be anything in the reading pages of the Medical Journal Record relating to you or the Association whose interests you guard so well, to which you might take exceptions, I promise you the opportunity to reply fully and freely; but I am not responsible for what appears in the advertising pages, and can not open the correspondence department to letters in commendation of condemnation of anything appearing in that part of the journal. I regret the seeming discourtesy to you, but you surely can see to what abuses it might lead were correspondents permitted to discuss in the reading pages the statements made by advertisers.

THOMAS L. STEDMAN,

P. S.—If you publish this letter in your own journal or elsewhere, I trust you will, in justice to the Medical Record and to me, publish also this letter giving my reasons for refusing you the hospitality of our columns.

T. L. S.

We are very glad to know that "the editorial and advertising pages of the Medical Record are entirely distinct." Since antikamnia, ammonal, phenalgin, and salacetin, in the form of sal-codeia—Bell, each occupies from a half to a page in the Record, some physicians were unkind enough to insinuate that this was the reason the editor totally ignored the report which exposed these preparations. Dr. Stedman's letter shows that this could not be, since the editorial and advertising departments are "entirely distinct."—From the Journal of the A. M. A. for Sept. 23, 1905.

NEWS ITEMS.

Hospital Dedicated.—St. Mary's Hospital, Winfield, was formally dedicated September 3 by Bishop Hennessy of Wichita. The hospital has thirty rooms and is equipped with modern conveniences and appliances.

Dr. D. W. Manson, Burlington, left on August 28 for Central America.

The following have joined the A. M. A. since our last report: Cas well, C. E., Wichita; Leverich, L. Solomon; Ross, H. R., Sterling; Walker, O. D., Salina; .

Albert Isaacson, M. D. (Examination Kansas), died at his home in McPherson, Kansas, from congestion of the brain, August 20, after an illness of a few hours, aged 31.

Eugene William Dickinson, M. D. St. Louis, 1891, formerly an attendant at the Topeka State Hospital, died in Topeka, Kansas, September 6, after an illness of fourteen hours, from apoplexy, aged 33.

Dr. F. M. Owens of Argonia is doing a few weeks of post graduate work in the Clinical School of the University of Kansas. The doctor is doing special work in surgery with Gray, Steman, Robinson, Hughes, Griffith, and W. J. Frick.

Southwestern Tri-State Medical Association will meet in Oklahoma City, November 8 and 9. Railroads rate, one fare plus 50 cents. First class hotel facilities. The association covers Texas, Indian Territory, and Oklahoma. Drs. Glasscock and Hoxie of our society are scheduled to be present.

Fever in State Hospital.—Typhoid fever has developed at the Topeka state Hospital for the insane. Five employees and one inmate are ill with the disease. The superintendent believes that the ice supply of the institution, which is obtained from the Kansas River, is responsible for the epidemic.

The American Surgical Association at its recent meeting in San Francisco elected the following officers: President, A. Vander Veer, Albany, N. Y.; vice president, J. E. Moore, Minneapolis; J. C. Munro, Boston; secretary, D. P. Allen, Cleveland; treasurer, Geo. R. Fowler, Brooklyn; recorder, R. H. Harbe, Philadelphia; The next meeting will be held at Cleveland

First District.—The fall meeting of the First District Society will be held in Leavenworth October 12th. The occasion will meet in the Evergreen Place Hospital beginning at 2:00 and 7:30. Papers have been promised by the following: Drs. P. D. Hughes, president, Z. Nason, Stewart McKee, O. P. Davis, T. W. Peer, E. J. Shelly, H. H. Smith, C. A. Libby, M. A. Barber, C. C. Goddard, councillor, J. P. Blunk, J. E. Hunt, F. F. Greene, A. B. Tonkin.

The Salina County Medical Society met in regular session on September 7 at Salina, Kansas. The program: The improper use of the word Typhoid, purposely or through neglect, Dr. W. H. Winterbotham, Salina. Hernia, Dr. J. R. Crawford, Salina. Paper, Dr. E. W. Hawthorne, Gypsum. Suggestion, Dr. N. D. Tobey, Salina. The first paper being an interesting subject and so thoroughly presented, resulted in a very extended discussion and it was voted to hold an adjourned session of the meeting the following Thursday night, at which time the remaining papers of the program were presented. A banquet followed the meeting. Applications for six new members was presented, Drs. W. E. Fowler, Brooksville; M. J. Brown, Salina; O. D. Walker, Salina; J. A. Simpson, Salina; C. D. Armstrong, Salina; E. J. Lutz, Salina; leaving but five active practitioners in the county who have not made application for membership.

H. N. MOSES, Secy.

Another Merger.—September 1st, 1905, by the unanimous action of their respective Boards of Trustees, assembled in Indianapolis, the Medical College of Indiana was made the Medical Department of Purdue University, with the title of Indiana College Medical, The School of Medicine of Purdue University. The Medical College of Indiana was founded in October, 1869 and has given continuous instruction in Indianapolis for the thirty-five succeeding years. It has graduated over 1600 students, has some three score teachers and unexcelled clinical facilities. These include the Bobbs Free Dispensary in the College building, where 15,000 cases are treated annually and used for daily clinical teaching in seven different sections; also, the City Hospital with 200 beds utilized for morning bedside clinics; St. Vincent's Hospital, in which the college maintains public wards for clinical teaching; the City Dispensary, and the Central Hospital for the Insane where clinical courses of nervous diseases are held. The properties of the college worth \$100,000, the alumni list, the student body of 270 students, the history and traditions of the college are all now merged in and are now an integral part of Purdue University, the leading professional school of Indiana, and subject to its governing body. For the first time in the history of medical education in Indiana, its pioneer medical school has formed a university union, which makes it an integral part of the State System of Education in the same way and manner that the Medical Department of the University of Michigan is related to the State System. For the present year the functions of the Medical College will be carried on exactly as indicated in the 36th Annual Catalogue already issued and distributed. The college will remain permanently in Indianapolis, the place of its origin and development, a city presenting the clinical material required for a modern school of practical medicine.

CORRESPONDENCE.

Topeka, September 27, 1905.

TO THE EDITOR:

We have forwarded to your new address a copy of our September bulletin. I would be glad if you would take the time to read that portion of the bulletin concerning the transmission of typhoid fever, this being but a brief abstract from the advance sheet of the conference of state and provincial boards of health with the U. S. Public Health and Marine Hospital Service, and as published in their bulletin has the official sanction of the Government. You will notice that quite an advanced step has been taken concerning the sanitary features of typhoid fever, that is to say this conference put themselves on record as insisting that thorough disinfection of the house, bedding, clothing, and other things, should be practiced after cases of typhoid the same as other contagious or infectious diseases. As this attitude is somewhat in advance of what our sanitary views have been heretofore, I would be glad if you would publish that portion of our bulletin in full, with comments by yourself concerning the urgent importance of disinfecting in typhoid fever. I believe that a great step in advance in the prevention of this dread disease will have been taken when such practice will become the routine requirement the same as in cases of smallpox. I am therefore anxious that this article should have the widest publication. Will you be so good as to forward me a copy of your journal when you publish the article.

S. J. CRUMBINE, Secretary.

Colorado's New Medical Law.—The new State Board of Medical Examiners meets this month to formulate the necessary rules, and put into complete operation the new State Medical Law. It is a significant fact that the only important opposition to the signing of the law by the Governor came from the representatives of the newspapers, and was frankly based on the ground that it would injure the State by lessening their receipts from the patronage of advertising quacks. In one of the newspapers the law is spoken of as "a so-called medical bill that will cause \$150,000 a year to be sent to advertising specialists outside of the state of Colorado." In other words the people of Colorado will be compelled to go outside of the State in order to be fleeced in this particular manner. This may be true. But with their present gambling facilities, fake mining schemes and promoters generally, they will probably be able to part with their money fast enough; and the public health will be all the better for it.—From Colorado Medicine.

STATE BOARD QUESTIONS.

OPHTHALMOLOGY, OTOTOLOGY, RHINOLOGY, AND MEDICAL JURISPRUDENCE.

April 25, 1905.

1, Describe and prescribe for an ordinary case of chronic rhinitis. 2, Name some constitutional causes of epistaxis. 3, Name five diagnostic symptoms by which you may differentiate between acute conjunctivitis and acute iritis. 4, Define the following terms: Trachoma, blepharitis, pterygium, trichiasis, entropion, cataract. 5, Describe a case of otitis media purulenta. 6, Treatment of same. 7, Define medical jurisprudence. 8, State the difference between a burn upon the body made before, or after, death. 9, Differentiate the term abortion from miscarriage.

PHYSIOLOGY.

July 12, 1904.

1, (a) Give the normal pulse rate; (b) respiratory rate; (c) What influences may change these? 2, What histological element of the kidney secretes urine? 3, Name four elementary tissues that are essential to any movable joint and give the function of each. 4, What becomes of the bile after it is secreted by the hepatic cells? 5, Describe the pleura, giving the kinds of tissues, and its functions. 6, (a) Describe the mechanism of respiration. (b) Show the benefits derived from deep inspiration. 7, What are the functions of bile? Give its composition. 8, (a) Describe the nature of the perspiration. (b) Compare its elimination with the other eliminants. 9, What is meant by the "vaso-motor system?" How is its action modified? 10, Describe the digestion of (a) milk, (b) vegetables, (c) oils and (d) meats.

October 11, 1904.

1, Give the composition of human blood in normal condition. 2, Describe the fetal circulation. 3, Give the entire process of digestion, beginning with mastication (a) of albuminous food; (b) of fatty food; (c) of starchy food. 4, Name all the veins which have no valves and give reason why. 5, Describe the sympathetic nervous system; what are its functions? 6, What centers are located in the medulla oblongata? 7, Name all the ductless glands of the body. Do they form secretions? 8, Describe the mechanism and circulation of the blood through the heart

and explain the diastolic and systolic action. 9, Give process by which nourishment is appropriated for repair. 10, Describe the entire process of deglutition.

April 25, 1905.

1, (a) Describe the capillary circulation. (b) How influenced and controlled? 2, Name four great classes into which foodstuffs are divided. 3, (a) To which class of foodstuffs does milk belong? (b) Describe its digestion and tell where it takes place. 4, (a) Describe the saliva. (b) What is its chief purpose? 5, What is meant by the nervous mechanism of respiration? Is breathing a voluntary act? 6, (a) What effect has blood pressure up on the flow of urine? (b) Name a remedy that will act as a diuretic in this matter. 7, What is the function of the serous membrane and where found? 8, What do you understand by the term "shock." 9, What are the influences regulating or modifying the beat of the heart? 10, Describe the process of digestion, beginning with mastication, and tell what fluids are supplied to the food during its course through the alimentary canal and where each is derived from.

BACTERIOLOGY.

April 25, 1905.

1, What are the essential factors in infective processes; (b) And the different kinds and names of bacteria that cause them? 2, (a) Describe the technique of Widal's reaction. (b) Give its diagnostic value. (c) Give microscopic reaction of Widal's test. 3, What ways do persons become infected with tubercular bacilli? 4, What are and give a brief description of each: (a) Alexins. (b) Leucomains. (c) Lysins. (d) Agglutins? (e) Yeast? 5, What is Lustgarten's bacillus? Describe the parasites of tertian and quartan ague. 6, How do bacteria produce disease, and give the methods and theory of destruction of bacteria in the body? 7, How would you examine milk for tubercle bacillus, and what bacteria are liable to be confounded with them? 8, Give the origin, composition, formation of bacteria and cell contents. 9, Give the character of the bacillus of influenza; also of pneumonia. 10, Give methods of staining bacteria; (a) making culture media; and what kinds of media have we?

July 12, 1904.

1, What do you understand by protective inoculation? 2, What do you understand by pathogenic organisms? 3, What do you understand by attenuated germs? 4, What do you understand by traumatic infection? 5, Name several modes of infection. 6, What is antitoxin of diphtheria? 7, Name two of the most common pus-producing micrococci.

8, How do bacteria multiply? 9, What are the etiological relations of micro-organisms to septicopyemia? 10, Name five agents, in comparative value, for the destruction of germs external to the bodies of living animals.

October 11, 1904.

1, What are bacteria and how do they multiply, and what is their shape? 2, What is essential to the life of bacteria? 3, What are the most favorable media for the development of bacteria? 4, What is sterilization and what kinds have we? What are antiseptics, and name several? 5, Define immunity. 6, Name the various forms of culture media used. 7, Name the malarial parasite and describe it. 8, Give the names of the bacillus of typhoid fever, gonorrhea, and diphtheria. 9, Describe the bacillus anthrax. 10, What disease do we find micrococcus lanceolatus?

PATHOLOGY.

April 25, 1905.

1, (a) What is oedema? (b) Give causes of the oedema of passive hyperaemia; (c) of the oedema of cachexia, (d) and of malignant oedema. 2, Give pathological lesions which may result from syphilitic or rheumatic iritis. 3, Define osteomyelitis and give causes for same. 4, Give pathological lesions that take place in infantile spinal paralysis. 5, Give pathological lesions and differentiate between acute malignant and chronic endocarditis. 6, Define and give pathological lesions of cerebral hemorrhage. 7, How would you recognize cerebral spinal fluid, and how would you test it in tubercular meningitis? 8, Describe the appearance of the pleura in different stages of pleuritis. 9, Define gastric ulcer and give pathological lesions. 10, Differentiate between acute gastric catarrh and acute toxic gastritis and pathological lesions of each.

July 12, 1904.

1, Define multiple neuritis and give its etiology and symptoms. 2, Define croupous pneumonia and give etiology and pathological anatomy. 3, Give the pathological difference between yellow atrophy and amyloid and the atrophic cirrhosis of the liver. 4, Give the pathology of pigmentary retinitis. 5, Give the pathology of retro-bulbar neuritis. 6, Describe the pathology of acute proctitis. 7, Describe in detail the pathological anatomy of gonorrheal orchitis. 8, Give the pathology of scorbutus. 9, Give the pathology of rachitis. 10, Give the pathology of osteo-periostitis.

October 11, 1904.

1, Give the pathological anatomy of herpes zoster. 2, Describe the

pathological changes in Graves' disease. 3, Describe the pathological changes in Meniere's disease. 4, Describe the changes in acute peritonitis. 5, Describe the detail the changes that take place in a typhoid ulcer. 6, Describe pathological changes in acute pulmonary consumption. 7, Describe morbid changes in chronic cystitis. 8, Describe morbid anatomy in case of advanced rachitis. 9, Describe changes in purpura hemorrhagica. 10, Describe changes that may take place in the heart during an attack of acute articular rheumatism.

OBSTETRICS AND GYNECOLOGY.

April 25, 1905.

1, Write one page on the induction of artificial labor. 2, How to treat hemorrhage after delivery? 3, Name some of the diseases of pregnancy. 4, Name as many presentations in labor as you can. 5, Give treatment for four presentations in labor. 6, Puerperal eclampsia—diagnosis and treatment. 7, Give dislocations of the uterus. 8, Name four diseases of the ovaries and give treatment. 9, Name five diseases of the vagina. Give treatment. 10, Name a few of the new formations of the uterus.

July 12, 1904.

1, What are the indications for the use of forceps? 2, Conditions requisite for the application of the forceps. 3, Under what conditions would you induce premature labor? 4, What is version? How many kinds are there? Name them. 5, How would you perform each kind of version? 6, How would you treat tumors of the mammary glands in a general way? 7, Give diagnosis, prognosis, and treatment of fibroids of the uterus. 8, Give the use of the curette. 9, Give the use of the tampon. 10, How would you treat a case of puerperal eclampsia?

October 11, 1904.

1, Give diagnosis and treatment of placenta previa. 2, State principal causes of puerperal infection. 3, State causes and treatment of afterpains. 4, Is abortion ever justifiable? If so, when? 5, Give probable cause and treatment of mammitis. 6, What is amenorrhea? What is menorrhagia? 7, Give treatment. 8, What is tubal pregnancy? 9, By what method would you treat a complete laceration of the perineum? 10, Define metritis and give treatment.

CHEMISTRY.

April 25, 1905.

1, Give the subdivisions of a meter and how much is one liter? 2, In the electrolysis of tumors, what needle should be inserted into them; which

in aneurisms, and why? 3, What is the hydrogen compound of sulfur, its properties? 4, Which is the most common poisonous compound of As? 5, How does CO act as a poison? 6, What is the action of KOH on the tissues, and to what class of poisons does it belong? 7, What are the antidotes for poisoning by the alkaline caustics? 8, Which are the two oxides of mercury? 9, What is the antidote for acute poisoning by Hg Cl₂? 10, Give either Moore's or Trommer's test for sugar in urine.

July 12, 1904.

1, What is the chlorin compound of sodium? 2, Where and how is K formed? 3, What are the antidotes for poisoning by HCl. 4, What is a volt? 5, From what source may chronic plumbism arise? 6, What is the difference in action of the "ous" and "ic" compounds of Hg? 7, What is the antidote for acute poisoning by Hg Cl₂? 8, What is bismuth generally contaminated with? 9, When is butyric acid present in the in the stomach? 10, What is the solubility of uric acid?

October 11, 1904.

1, What is galvanism? 2, How can it be demonstrated that hydrogen is lighter than air? 3, What is analysis and what is synthesis? 4, What is the effect of inhaling air rich with ozone on the respiratory organs? 5, In what manner does arsenic prove poisonous? 6, How does CO act as a poison? 7, What is the action of KOH on the tissues? 8, What is the antidote for acute poisoning by Hg Cl₂? 9, What is the reaction of blood during gout? 10, What is Trommer's test for sugar in urine.

ANATOMY.

July 12, 1904.

1, Give the anatomy of the heart. 2, Name and number the tarsal bones. 3, How many bones in the human skeleton? 4, Name the bones of the skull, including the face. 5, Give the anatomy of the liver. 6, What structures are divided in operating on an oblique inguinal hernia? 7, Bound Scarpa's Triangle, naming the floor, and the vessels and nerves found within this space. 8, Give names, origin, and distribution of the tenth cranial nerves. 9, Name structures divided in amputation of the middle third of the leg. 10, Name the carpal bones.

October 11, 1904.

1, Give the origin of the common iliac artery. 2, Name the muscles between the hip and knee. 3, Give the anatomy of the kidneys. 4, Describe the fetal circulation. 5, Give the distribution of the jugular veins. 6, Describe the origin and insertion of the pectoralis minor muscle; also

the *psoas magnus* and *psoas parvus*. 7, Describe the shoulder joints, giving articular surfaces, ligaments, etc. 8, Name all the bones of the hands and wrist. 9, What veins have no valves and why? 10, How many bones in the human anatomy? Why do anatomists differ as to the number?

MEDICAL JOURNALS WANTED.

The School of Medicine (Clinical Department) of the University of Kansas is trying to build up a reference library and therefore seeks contributions of back numbers of the standard medical journals, such as The Journal of the A. M. A., Medical News, Philadelphia Medical Journal, Medical Record, N. Y. Medical Journal, American Medicine, old transactions of gynecological, obstetrical and other special departments of medicine, etc. Physicians who desire to contribute to this library may send their contributions by express, collect, to the Simpson Block, Kansas City, Kansas.

"The chief reason why Tongaline is such an efficient agent in the treatment of rheumatism, neuralgia, grippe, gout, headache, scatica and lumbago, arises from the fact that all these salicylic acid it contains is made from the purest oil natural of wintergreen. Hence the patient can take a sufficient quantity of this valuable drug to get its full therapeutic effects, which cannot be done with the synthetic product as the organs of digestion and assimilation will invariably rebel against the salicylic acid made from coal tar before the system is thoroughly under its influence."

For Sale.—Several microscopes suitable for general practitioners. In good working condition. Will sell at a bargain. Dr. F. J. Hall, Simpson Block, Kansas City, Kansas.

Important Notice.—Judging from communications recently received our reference to the "*stegomyia fasciata*" in connection with the "*stegomyia punctata*" has caused some physicians to suppose that we recommended Tongaline for yellow fever. This we emphatically disclaim. The mention of these two species of mosquitoes was for the purpose of indicating that the mode of inoculation of yellow fever and malaria was precisely the same, and a careful reading to our statement will show that we had no intention to suggest that Tongaline was indicated in yellow fever, but on account of its pronounced eliminative action it did possess decided therapeutic value in the treatment of malaria. We regret exceedingly that the notice referred to should have been misunderstood misconstrued by anybody.

MELLIER DRUG COMPANY,
St. Louis.

The Journal

OF

The Kansas Medical Society

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SAMUEL CHARLES EMLEY, Assistant Editor, Jackson Building, Lawrence, Kansas

Volume V

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Number 11

Is it the itch for notoriety or the desire to get ahead of his competitors that causes a physician to sacrifice the respect and good will of those competitors to his desire to see his "name in print?" There is a very good reason for the unwritten law that physicians shall not advertise or exploit their doings in the public press. Medical ethics is nothing more or less than the desire and ideals of the best men of the profession. The best men in the profession are gentlemen. A gentleman instinctively does not blow his own horn—does not advertise his superior mental endowment. One needs but a slight knowledge of human nature to recognize immediately the fact that a man, who in season and out of season, reminds his casual acquaintance that "he goes only in the best society" and knows only the best people" (you know the breed) has but recently come up and fears that he doesn't show on his face that he is a gentleman. One needs no greater knowledge of human nature to recognize immediately the fact that a physician who announces every operation, or reading of a paper at a medical society, or election to an office in a medical society of five members, is not sure of his position with the public—fears that the public has not recognized his worth.

It is beyond belief how stupid some men are in not knowing that the best advertisement is good work and that a grateful patient is worth more than a whole page in a daily newspaper. However, it is not the page or half page advertiser that is the great weariness to the flesh. One of this class moved to Lawrence last winter and took up so much newspaper space as to crowd out the dry goods merchants in telling the suffering people of Douglas county how much they needed him. He could cure where other physicians could not. Consultation free, etc., etc. He reaped a fair harvest among the lowest classes. Families that for years had been receiving free treatment from local physicians mortgaged their furniture to pay him fifty, seventy five, or a hundred dollars. But by summer he had exhausted the field and was compelled to move on. No physician in the town was either irritated or annoyed by him. In a general way they deplore the fact that he could not be driven out of town but there was no personal feeling of annoyance or shame even. They didn't have to be ashamed of him because he had placed himself entirely outside their class and the public recognized this. The advertiser and self-exploiter who is the constant thorn in the flesh of the decent profession is he of the news-item. "Dr. ——— was called to ——— today on professional business." "Dr. ——— is away for a day or two seeking a much needed rest." And the most common of all the insertion of which the following is a good example:

"Dr. J. C. was called to Nemaha county Monday where assisted by Mr. and Mrs. S. S. Reed of Soldier, he performed a very critical operation on Mr. Hugh Johnson for acute gangrenous appendicitis. At this writing he is doing nicely and hopes are entertained for his recovery.

It is the association with these men that demands grace. We recall an operation performed by a physician upon a well known citizen in such a way that no one witnessing the operation—either nurse or assistant—thought the patient had a single chance to recover. Finally the assisting physician interfered and did most of the work for the sake of the helpless patient. Yet that operator had the effrontery to insert daily notices in the local papers during the whole time that the patient was in the hospital, beginning with the "Dr. Blank performed a very critical operation on ——— today," and ending with the "Dr. Blank announces ——— operation to have been a complete success. ——— will leave the hospital tomorrow." And those assisting physicians are compelled to see themselves classed with that man in public opinion and must rub elbows with him in their local medical society or get out of it. It is these men, not the Dr. Carson's and the German-American specialists who are a constant irritation.

Several months ago the JOURNAL described a plan that an Indiana county society was trying in order to abolish this nuisance. A member of the society was appointed to clip all questionable newspaper insertions containing names of the members and to read them at each meeting of the society. Each physician was given an opportunity to explain how the item containing his name came to be published. We are of the opinion that there was no penalty attached to the repeated inability of any member to give satisfactory explanation. Yet it would seem that by this method the habitual offender would be driven to do one of two things: Either to leave the society or live up to its ethical requirements. Any man who, after having his attention called to the unfairness and bad taste of self-advertisement continues his self-exploitation thereby proclaims himself a member of the quack class and unfit to associate with the honorable men of the profession. Your editor believes in reclaiming a man when possible; he believes in patience and forbearance. But isn't there a limit beyond which patience and forbearance become indifference? Have we a right to allow people whose conduct we apparently sanction, lower our profession in the eyes of thoughtful people?

The Prohibitory Muddle.—Governor Hoch has brought suit to oust the city officials of Kansas City for not enforcing the law against the sale of liquor. We hope that he will succeed. Since your editor has had to live in Kansas City he has felt that the lack of civic pride there shown, the disregard of higher ideals, and the barter of morality for a few extra cents from the lowest class of society are marked characteristics. The laxity has infected all avenues of life—ii takes at least twenty-four hours for the express company to deliver packages, smells are superabundant; in other words, we believe that this violation of law has been the chief obstacle in the path of Kansas City's growth—and has illustrated the old saw, "Penny wise and pound foolish." Now since we believe that the physician should not be merely a doctor but rather a chief citizen of his town, we would urge upon our colleagues the study of Kansas City's misfortunes in order that they may learn to use their influence in their own towns for sobriety and righteousness. Public health will be as much improved by attention to the enforcement of the prohibitory amendment as by fumigation after tuberculosis. Kansas City is a better town for opening up a medical school dispensary because of its 165 joints—because there is more pauperism and disease present,—but that hardly recommends

the town for a residence. Missouri is shaming Kansas by the contrast.

Most Physicians seem to be agreed that local option combined with high license where liquor must be sold is the best solution of the saloon problem. However, that solution is not yet possible in Kansas because of the constitutional provisions for prohibition. The Assistant Secretary of State, H. P. Wilson, has made an excellent suggestion which we believe should help to redeem public morals in this state. It is that all permits to sell liquors, (e. g. in drug stores) should be heavily taxed, and and this tax should be utilized to establish at Topeka a special court before which all charges of violating the prohibitory amendment should be tried. The jury would be summoned from all over the state, and every effort made to eliminate local influence. In other words the structure of the federal courts should be imitated. Before such a court good testimony would have a fair hearing and the brewers be unable to intimidate the jury. The expense of having to go away from home to defend themselves would make most jointists chary about flagrant violations of the law at least.

An Enterprising Society.—Your editor had the pleasure recently of attending a meeting of the Sumner county society. He found 25 men present, and they all seemed to have a good time. Dr. Bowers talked on the sins of the pancreas, a couple of papers were read, and the society went over and lunched at Dr. Halliday's office. So much was the meeting thought of that Doctors Wells and Updegraff of Anthony drove 25 miles and took a train in order to be present. Truly Secretary Jamieson ought to be proud of himself—and his society still prouder of him, for it is his work that has the society so successful. He has managed to get the good men together—and then things happen. All this illustrates our frequently repeated statement that the society's fate rests with the secretary.

Plans are already under way for a grand meeting at Topeka next May. President Bowers expects to have one of the Mayo's down, and also some good internist from Chicago present. If the county secretaries find any specially strong papers this winter they should see that they are listed on the State program.

The Best Weapon of the right is education. The best way to overcome quackery and public indifference is through education. Hence we believe that every high school and college should offer courses in domestic

hygiene. Under that term we mean an explanation of the nature of disease and its causation, the conditions of health in the home and about town, simple nursing, the laws of cure, etc. This is of course along the line attempted by the school physiology work of recent legislation but it is yet so different that the need is not met by the teaching of the elements of anatomy and physiology to children. The course should discuss all the more common diseases and the principles of treatment. It should include vaccination and serum treatment. In fact it should be a popular course on the subject of rational medicine. Only thus can the man who has a cure-all be forestalled.

Patent Medicines and Popular Magazines.—Physicians should appreciate and help those secular journals which are working with us for the betterment of the public health by refusing patent medicine advertisements and by warning their readers against the use of such things. Collier's Weekly is doing especially good work along that line just now—following the example of the Ladies Home Journal in getting special articles on the subject. The special articles thus far announced are in the issues for October 7, October 21 and November 4. On the one hand we should cut out all periodicals violating decency in parading patent medicines; on the other hand, **every reader of this Journal who has any regard for righteousness should buy these issues, read the articles and then make his patients read them.**

A Prominent Physician of America writes us that he believes that "the profession of this country is being frightfully humbugged by the secret proprietary manufacturers, much more so than are the people by the 'patent' medicine men; and the Journals of the state societies must fall in line, even though they lose part of their advertising income. One of the most important things for the profession to learn is that if it does not support the medical journals, the nostrum men stand ready to do so." Are you ready to have the advertisements of proprietary medicines cut out of this JOURNAL to the extent, say, of five hundred dollars? Or, don't you care a 'continental' about the whole business? One of our councilors told us the other day that our men were not yet ready to put their hands into their pockets to support a journal without patent medicine advertisements. Is this true? Are the men of Kansas so blase, so "blunted by the long disregard of the prohibitory law," so dull of moral fibre, that the question does not appeal at all to them?

Water Supplies and the sanitation of watersheds, a subject brought to mind by the receipt from the University of Illinois of a book of 254 pages

on the **Chemical survey of the waters of Illinois**, deserves considerable attention in Kansas. As Dr. Crumbine pointed out in the JOURNAL last February the condition of the banks of the brooklets determines whether or not we shall have typhoid fever. Kansas cities are just in the making, and if a pure water supply can be established now the loss of much treasure and many lives will be avoided. Professor Bartow, who was doing the work of studying the water supplies of Kansas has, however, gone to the University of Illinois—a promotion for him but a loss for us—but we hope that the University will soon see its way clear to put some other man at this task. After an accurate study of the waters, then there is needed such legislation as shall keep pure those intended for drinking purposes.

Need of Training.—The following clipping refers to a condition just as true in medicine as elsewhere:

"Chicago, Sept. 27,—The era of the 'self made' is on the wane. Efficiency can no longer be manufactured or home made. Competition of the present day is too much for the 'self made' man.

So holds Prof. Nathaniel Butler principal of the school of education in the University of Chicago. He spoke yesterday at the closing session of the twentieth annual convention of the Brotherhood of St. Andrew's in Mandel hall at the university. The subject of his speech was "Education as a Factor of Efficient Manhood." Prof. Butler spoke in the place of President William R. Harper, who was to have attended the session.

"The terms, 'self-made' man is a mere fallacy," Prof. Gutler declared. The 'self-made' man's success is due only to unusual ability. Efficient manhood—the manhood that ought to be offered to the world—can no longer be home-made. In this time of competition, the world is willing to pay the highest price for the efficient man, just as for articles of commercial use."

MORAL—Advise your protege to get a thorough training in arts and medicine before he tries to practice.

Dr O. M. Longenecker has published his paper read at Wichita on Diseases of the Pancreas in The Medical News for August 12, 1905. Inasmuch as Dr. Longenecker has thereby violated the by laws of the Kansas Medical society which state that all papers read at its meetings are the property of the society—this paper will not appear in the JOURNAL.

MEDICINE AND PSYCHISM.

SALINA, KANS., Oct. 7, 1905.

EDITOR JOURNAL.—

I wish to show my appreciation of the Journal of the Kansas Medical Society by this "sign" that is, by this letter. I know of no medical journal that is more free from irrelevant, common place trash now before the profession. In looking over its pages and upon reviewing the several numbers containing some most elegant and able papers which were read before this meeting of the State Society at Wichita, I could not help but ask myself the question, what per cent of the "docs" subscribing to this journal read it carefully, critically and intelligently? The Wichita meeting certainly did have a number of most excellent papers presented before it. One notable thing is that there were not so many papers there, so far as I can discover, presenting or betraying the modern surgical craze—that mania for turning most every case into a knife case, in imitation of the fellow who would try to turn every case into fits, as he was "hell on fits."

But I trust you will pardon this little digression, and permit me to speak especially on the paper on "Psychics in the Practice of Medicine, by Dr. P. S. Mitchell, of Iola, Kansas. There were other good papers, but the one I refer to opens a wide field for thought and investigation. Perhaps there were those present when that paper was read who did not comprehend its height, depth, length, and breadth, and who might declare it something like "tommy-rot". It would seem to be well and in accordance with the eternal fitness of things that the medical profession take a step forward in Psychiatry. Christian Scientists and other drugless healers do cure diseases by and through the subtle power of suggestion, and the profession might as well admit it and honestly inquire into the modus operandi of the new law of suggestion. Every intelligent and observant physician cannot fail to recognize that there are psychic force at work in his patients, and especially those of the neurasthenic type. And these neurasthenics are every day becoming more and more in evidence. Sanitary science has been doing much to modify and stamp out such diseases as small pox, and other infections and contagious diseases but the increase in nervous and mental diseases must be met by the medical teacher. It cannot be denied but that the border land between crime and insanity is being enlarged, and to where is society to appeal for protection against crime but to the advanced thinkers and investigators of the medical profession, into the law of psychic phenomena?

But I did not start out to write you a long and labored letter on Psychiatry, but simply to call "doc's" attention to the necessity of his advancing in his knowledge of the human mind and soul. This is a very materialistic age, so much so indeed that the medical profession has become commercialized and has almost lost sight of its altruistic mission and the principles of medical ethics.

Respectfully,

N. D. TOBEY, M. D.

Editorial Note.—Dr. Tobey is evidently as much offended when called familiarly by the laity "Doc," as we are. He evidently refers by that title to some of the profession who preferring popularity to erudition, work on the street corner more than in the library and laboratory. We are all in danger of becoming one-sided; the surgeon is one extreme, the mental healer the other. Each should recognize that he is not the entire profession and that wisdom is not liable to die with him. Realizing then one's limitations each can learn from the other. But all of us should discourage the appellation, "doc."

THE TREATMENT OF DEFORMITIES.*

JAS. NAISMITH, M. D.,

Professor of Physical Education in the University of Kansas,

Lawrence, Kansas.

From the title chosen one might readily think that it belonged to a book rather than to a paper, for the subject as stated is a very large one. But it was chosen because it seemed impossible to give, in the title, an exact idea of the phase of treatment which I wished to discuss. Therefore the attempt will not be made to give the treatment for all the deformities, not even to give all the treatment for one class, but merely to give one part of the treatment of one class of cases. This part is, in my estimation, a very essential and indeed if taken in time is the only treatment needed, so that it may assume the nature of prophylactic treatment, or after treatment.

Colleges and text books give us most of the treatment for all kinds

*Read before the Kansas Medical Society at Wichita, May, 1905.

of deformities, but neither gives the prominence to the prophylactic or the after treatment that seems to me an absolute essential of the best method of treating these cases. By the term, deformity, we mean, "Any deviation from the symmetrical proportions, or the proper alignment of the structures." It will thus be evident that a great many persons who consider themselves as models of grace and elegance would be classed among the deformed. Indeed, is is only a question of degree between the person who has stooped shoulders and the person with Kyphosis, and the same is true of a great many of the other deformities. The evils resulting from these are not esthetic alone but they interfere with the physiological functions so that a deviation from the normal which would not affect the esthetic taste (because the ease with which it may be covered up,) will yet affect the individual to a degree which we do not appreciate. And while it may not be true that "the clothes make the man," yet it is very frequently true that the clothes preserve the outward appearance and I have not a doubt but that if it were the established custom to appear in public in the garb which Mother Nature gave us, many a physician would be called upon to treat persons who pass for normal and well developed individuals.

I do not wish to touch on the treatment of those cases where there is any disease of the bone, causing destruction of osseous tissue. But wish to consider only those where the bone is sound, though it may be greatly out of shape.

In order then to get a good view of this condition, we will look for a moment as the various causes which produce or tend to produce these results.

The first of these is, any influence which will produce an unequal development of the two sides of a supporting bone or of one of two supporting bones, e. g., the most common cause of scoliosis is the habit which so many persons have of standing on one foot and resting the other. When this habit has been formed one leg grows while the other is restrained and thus we get an unequal length of the limbs and a consequent tilting of the pelvis with a compensatory curve in the spine and a lack of symmetry in the contour of the two sides. This condition is found in no less than 54 per cent of the male.

The extent of this shortening ranges from $\frac{1}{4}$ of an inch to $1\frac{1}{2}$ inches and in one of the latter cases the person had been treated in a Kansas City hospital (of a sectarian school by the way) for a period of six months for spinal curvature and the case was not in any way improved as the curve was compensatory and could not be restored until the limbs were made equal.

Again we have a deformity due to the excessive development of one

set of muscles which acting against the opposing muscles overcomes the weaker set and produces a condition in which there is a deviation from the normal straight line. This is especially true of the relation of the muscles of the spine to those of the neck and shoulders, producing stoop shoulders, lateral curvature, and inequality of the shoulders.

Another very common cause of deformity is the injury of one set of muscles or ligaments or tendons which has not been properly cared for and where the separation has increased to such an extent that the natural tension has been removed and the opposing muscles carried the limb to one side. There are few who have played base ball who do not carry around such a deformity as a reminder. And while in the case of a finger we may even view it with pride, as the soldier views his scars, yet there are cases where the deformity is a life long source of sorrow. Especially is this true of boys who tear muscles and are ashamed to make much complaint and treat the matter lightly. We find these, when grown to manhood, very seriously deformed.

One of the worst cases of deformity in the University today is a young man who tore a muscle in a wrestling bout with a neighbor lad, and while he does not blame anyone for his condition yet it is a fact that he might have been straight today had he allowed it to be treated as it ought to have been.

In cases of this kind very often the deformity is not noticed for weeks or even months and it is never safe to neglect a torn muscle or tendon, especially if it is in a location where it may affect the symmetry of the body.

Again we have as a cause the atrophy of a muscle; this may be due to an injury to the nerve or destruction of the nerve through disease. When the muscles of a limb are all equally involved there is a symmetrical atrophy and the limb is merely reduced in size and function with a slight torsion, but when this atrophy is confined to one set of muscles and the antagonist, are not affected then it is that we have the worst form of deformity.

Another cause is a lack of tone in the general muscular system due to a lack of vitality in the nervous system. In these cases there is a deformity produced by the pressure of gravity either destroying the natural curves of the spine or exaggerating them, or stretching certain ligaments which allow the limbs to assume abnormal positions. This condition is very frequently found in children who are overworked in school or who have some condition which prevents a good nutrition; e. g., enlarged tonsils, adenoid growths, or hypertrophy of the mucous membrane of the respiratory canal. And while this may seem to be a comparatively rare case yet it is very much more common than we suppose.

In the treatment of these cases the osteoclast, the bandage or brace, the knife or the saw may form a major part but the one who resorts to

these at too early a date or thinks that the matter is finished when this is done misses the main part of the benefits of orthopedic surgery. And many a man is today wearing a cumbersome brace who might have had full use of his limbs.

The first indication in these as in all cases is to remove the cause whatever that may be and allow the normal conditions to obtain. In the case of the careless habits, all that is necessary is to correct these and nature will restore the equilibrium. This can be done only by one who can suggest to the person the need for care on this score. I have found that to let the person see the amount of deformity in a glass or by a chart will often arouse sufficient interest in the subject to have it corrected. It is true that some authorities do not consider these deformities but the fact is that once a habit has been formed there is soon a change in the structure and this change accentuates the habit and often this leads to an increase in the change of the structure. So what begins as a very slight change at last twists the individual out of shape. In the early days when almost every person worked out of doors, or at least took a great deal of outdoor exercise, this condition was not nearly so frequent, but the tendency of today is to assume certain positions and retain these for quite a time and this leads to evil results. This same lack of out door life leads to the acquisition of a body lacking in the natural tone which is so necessary to preserve the erect position whether sitting or standing and it is very necessary to keep the body in its best condition. These cases need some form of exercise which will break down the old and unused tissue and replace it with good fresh tissue both of the muscles and the nerves and the erect carriage will be preserved. Tonics may help, but only when the individual is so weak that there is danger in breaking down tissue. Then the passive movements should be resorted to in order that these may be a demand for new tissue. If this lack of tone is due to an obstruction to respiration the thing to do is to remove the obstruction and allow the full nutrition; then the normal vitality will be restored and the person will maintain the erect posture and the bones will be preserved in their normal condition. It may be that the individual needs to be driven to take some form of exercise in order to maintain the tone of the body. And it is a fact that the less of this kind of work the person does the less he cares to do and the more he needs it. In the case of an injury to a muscle there is a great tendency to let nature restore it and while this will be accomplished in a great many cases yet there is need of great care lest separation be so great that there will be no union and in these there should be no hesitation in opening up and bringing the severed parts together and restraining them with stitches. While surgeons do not hesitate to do this yet the general practitioner usually trusts to luck to restore them. But for lack

of the natural guy, for all the muscles in their tonic condition act as such, the bones become compressed at one point and thus the individual becomes twisted out of all shape.

In the cases of atrophied muscles where the injury is not congenital it is often possible to restore the normal condition and thus preserve the part intact. This is especially true where the condition is due to some of the fevers. And the fact that the cause was active a number of years ago need not discourage for muscles may be restored long after the voluntary power of motion has been lost. In one case the voluntary power of the muscle was restored 15 years after the fever had left its results and the foot was twisted all out of shape. In another case where the voluntary control had disappeared in the peroneal muscles after a severe case of typhoid, this person was restored after about two months treatment so that it is impossible to detect any difference in the two feet.

It is not always possible to restore a muscle that is deprived of its motor stimulation yet there are many cases which could be cured or at least greatly relieved. Of course this is most easily done when the attempt is made early, but it may be accomplished even after there seems very little chance to accomplish anything. Indeed the fact that there is no response to the electric current is no assurance that there can not be a recovery. And it is this fact which makes one anxious to have the message go forth that there is hope for even those. In two cases which came under my notice this last year there was no electrical response and yet after some time the response began to be noticeable and soon the voluntary control returned, and in one case the control was absolute. In the other the patient became impatient and took advantage of an advertisement to obtain a speedy recovery and has worn his foot in a cast for about six months and the muscles which were fast regaining their normal condition are about in the condition in which they were at the beginning.

It is true that this condition of the muscles will change the structure of the bones and then there is necessity for operation, but the surgeon who thinks that the work is then done falls far short of accomplishing his object, and the wonder is not that so many relapses but that all do not return to their abnormal condition for there is nothing to prevent the same well muscle from pulling the limb into the same position from which it was rescued. Where the injury is in the bone itself and the muscles are symmetrical the correction of the bone is all that is necessary, but whenever the deflecting cause is in the muscles themselves then the muscle must be restored before there can be recovery which will be permanent.

The procedure is to restore nutrition by electricity, heat, massage, vibration and stimulating liniments. At frequent intervals from the very

first, attempts should be made to produce motion both voluntary and by means of the electric current. And while it may be weeks before there is any response to either of these, yet continued effort brings its reward and all that is gained will be held even though there be an interruption.

In one case where there was an injury to the cord at the 6th cervical there was pronounced atrophy of the muscles of the shoulders and arms and there was a strong tendency to deformity but by persistent effort on the part of the individual this tendency has been overcome and the muscles are recovering both their tone and their size.

The conditions upon which I insist, as a vital part of the treatment of every one of these cases are, The restoration of the normal nutritive powers of the muscles and nerves, The restoration of the normal motive powers of the parts and voluntary development of the muscles affected.

MY FIRST FRACTURES.*

J. D. CLARK, M. D.,
Wichita, Kansas.

Fracture means a solution of continuity of structure. It does not necessarily mean complete separation of the fragments of the injured bone; for we see many incomplete fractures or infractions. They depend for their existence upon (a) some traumatic force applied to them that is greater than their resisting strength or (b) some intrinsic pathologic change, as osteoporosis, malignant growths, etc., or some constitutional disease that has rendered the nutrition faulty thereby weakening the whole bony structure. Trauma that produces a fracture at the site of its application or impact produces a direct fracture, while an indirect fracture occurs at some other place than the site of the trauma, either in the same bone or a neighboring one. Generally speaking we meet with more fractures among those whose occupations expose them to risks and the use of heavy machinery of different kinds. For the same reason persons of early and middle adult life are subject to more liability to fractures than children or the aged. Old age is not so much a predisposing cause owing to changes in the composition of bone. It is rather due to the absorption of the cortex of the shaft leaving it actually thinner and to the disappear-

*Read before the Kansas Medical Society at Wichita, May, 1905.

ance of the trabeculae of the articular ends: that is there is a gradual diminution of solid bony structure in those of advanced years. We see this same process going on in some of the constitutional diseases thus increasing liability to fracture in those suffering from them. This, too, probably explains the tendency to complete and transverse fractures in the aged and the occurrence of incomplete fractures in the young.

I have up to this time treated 65 fractures occurring in 42 patients. These patients have ranged in age from 3 years to 70 years. The percentages of the different decades are: First 14½ per cent, second 33 1-3 per cent, third, 14 1-6, fourth, fifth, and seventh, 9½ per cent each, sixth 7 1-7 per cent and the eighth 2 1-3. As to the etiology only one case sustained fractures as result of constitutional disease. This was a man 43 years old suffering with osteomalacia. He was brought to the hospital with a fractured humerus, and in removing him from the ambulance the neck of left femur was fractured. Later in changing his bed the nurse fractured his other humerus. He was removed to his home where he died a few days later. No post mortem was allowed. Indirect violence produced 59 per cent, direct violence 14 5-7 per cent, crushing violence by machinery and heavy weights 18 4-7, gunshot 7 5-7 per cent. Of those produced by indirect violence all were simple fractures and were reduced without open operation. Of these simple fractures 66 2-3 per cent were reduced and dressed without an anaesthetic. An anaesthetic was necessary to 42½ per cent of all my cases. Of the eleven compound fractures seven were comminuted and in five there was a great destruction of bone and soft parts that amputation was necessary. Three of the compound cases came to me in an infected condition. Of the 43 fractures of long bones 5 were compound and of these 2 had to be amputated, both being crushing injuries by car wheels. Two of the eight Colles' fractures were accompanied by fracture of the ulna. Two crushing injuries of shaft of tibia, and one fracture from fall were without fracture of fibula. As to the kind of bone injured 34 of my cases were long bones, 20 short bones, 2 flat bones, 2 vertebral, 7 bones of head and face.

MY FIRST FRACTURE was the clavicle. The second was a compound fracture of the 3rd and 4th metacarpals caused by the hand being caught between the sidewalk and a corner of a piano as it slid down a stairway. Part of the muscles and fascia were protruding from the large irregular wound on palmar surface of hand. Under anaesthesia the hand and wrist were thoroughly cleansed and the torn and contused tissues were removed. After thoroughly irrigating the wound and removing two detached pieces of bone the soft parts were coated over the replaced bone and a palmar splint was bandaged over the antiseptic dressings. Union took place without suppuration. The nerve between the two fractured bones was caught in the callus and caused considerable pain for several weeks but it disappeared after the callus was absorbed.

CASE II.—I wish to report it because it illustrates the late effect of crushing injuries on soft parts. A lad 16 years old, an elevator boy, was caught between the edge of the car and the floor above. The femur was fractured at junction of lower and middle thirds with contusion of skin and muscles. Owing to interposition of soft parts the ends of fragments could not be approximated until an anaesthetic was administered and considerable manipulation resorted to. Mild antiseptic dressings were placed over the superficial wounds and heavy cardboard was moulded to the fractured bone. The leg was immobilized by long external splint. The leg was dressed frequently owing to the superficial injuries. In this case unusual wasting of muscle was noticed early and later a tardy union was found. Passive motion and massage were resorted to with results that firm union took place and muscle tone was restored. This boy was put on crutches with a high heel and sole on shoe of sound foot, as soon as we suspected delayed union.

CASE III.—Mr. H. 50 years old, very muscular, and rather heavy, fell from a load of hay head foremost. He struck on back of head with chin flexed on chest, and his weight caused him to career over so that he lay on his back on the ground. He was removed to town where a physician saw him some hours later and found him to be paralyzed from axillae down. He was placed on train and brought to hospital where I saw him with Dr. Hagan. He moaned constantly and complained of indefinite pain in head, neck and shoulders when questioned. He was not rational and could not tell how accident happened. Examination showed loss of motion and sensation below a point 2 inches above nipple on both sides. Loss of all motion in arm save coarser flexion. Urinary continence and priapism. There was a slight anterior dislocation of head but no crepitus could not be elicited nor could any bone deformity be palpated owing to heavy muscles of neck. Fracture of cervical vertebra was diagnosed with complete shearing of cord. He was placed on firm mattress with small pillow under head. Owing to length of time since injury and the unusual amount of moving he had been compelled to undergo, operation procedure was advised against, thinking it gave no hope of restoration of lost function. He was given predigested food and bowels and bladder were emptied at regular intervals. He carried a little temperature from the first time I saw him and on the 4th day it began to rise until just before death on the 5th day it reached 107°. His pulse varied from 110 to 130.

Post Mortem showed a complete comminuted fracture of the 7th cervical vertebra with crushing of cord. The injured part of cord was an inch long, and showed a slight hemorrhage in the sheath. The tip of spine of the 4th dorsal vertebra was also torn off.

CASE IV.—Mrs. C. aged 68 years, fell down cellar steps. Dr. Purdue saw her a short time after and diagnosed intracapsular fracture of neck of femur. Sand bags were used to keep the limb in position until the 2nd day when the fragments were approximated under chloroform and a long external splint applied with adhesive straps to hold the foot in position. The next day the patient was removed to St. Francis Hospital where we applied Maxwell's anatomic dressing and traction appliance. The patient did not experience any pain or inconvenience after the first few days and went on to a rapid recovery. After six weeks she was allowed to be up and around the room on crutches. She walked with the use of cane when seen three months after the injury and had no shortening or eversion of foot. This was my fourth case of fracture of the neck of femur and the only one I think of with pride. Two of the other three would not submit to any form of dressing and during absence of attendants got out of bed. The Maxwell method of treating fractures of neck

of femur is so simple, so easily applied and makes it so much easier to handle the patient that it should be more widely used.

CASE V.—Geo. R. 17 years old, was carrying a loaded shot gun on a buckboard. It slipped out and was discharged. As he leaned forward to catch the gun the charge of shot struck him just over the outer end of clavicle. The soft parts were blown away, the coracoid process off and part of spine of scapula were torn off, leaving the capsule of the joint intact. There were two lines of fractures running obliquely across the wing of scapula. I did not see him until two days after the accident. The attending physician had filled the wound which was $3\frac{1}{2}$ inches wide and 6 inches long with iodoform and covered it with rubber tissue. When I saw the boy he had a temperature of 103° and pulse 140, was very weakened and anaemic. Under anaesthesia the iodoform was removed and the wound thoroughly cleansed. Twenty-four shot and a number of pieces of bone were removed. The belly of the deltoid and upper part of the trapezius muscles were shot away. Hot boracic acid compresses were kept on the wound and the arm was immobilized. The temperature went to normal on second day and symptoms of iodoform poisoning cleared up. On the eighth day he was again anaesthetized and the ends of the deltoid muscles dissected loose and drawn together with mattress sutures of heavy pyoktaniin catgut. Two retention sutures were used to help relieve the tension on the skin and coapted muscles. It was impossible to close the deficit in the trapezius muscles. The skin was sutured over the coapted muscle with pyoktaniin catgut. The arm was dressed in an extreme elevated position. Union took place and function of deltoid was restored, and no impairment of shoulder joint followed.

An X-Ray examination $3\frac{1}{2}$ years after the injury shows the coracoid process missing, and quite a defect in the spine of scapula. Patient says that he uses the arm without any restriction of motion or loss of power.

A study of the different forms of splints and dressings that have been used in treating fractures is interesting and shows a gradual change from heavy complicated splints and appliances to the highest and simplest that can safely be relied on to immobilize the injured part.

In general the first dressing applied to a simple fracture should serve to prevent injury to the soft parts by the ends of the fragments and to retain the broken bone in as good position as possible. As a rule the lighter and simpler the first dressing the better. Unless the materials are at hand to apply permanent splints and dressings and the fragments can be easily and quickly restored to normal position, it is better to wait until the patient can be removed to a suitable place and help secured. Any article of sufficient dimensions and strength to support the weight of the injured part will answer the purpose of first dressing. A pillow or blanket splint or a cast for padding and three or four handkerchiefs for bandages to bind the fractured leg to the sound one or a fractured arm to the chest wall will answer the requirements of the first aid dressing. Great care must be exercised to apply these first dressings snug enough to immobilize the fragments and still not impede the return circulation, nor to cause pain when the limb swells. If there are any injuries to the skin they should

be treated with the most rigid asepsis and antisepsis from the very beginning for fear of some already existing communication with the seat of fracture or the possibility of a later extension of suppuration if infection is not carefully guarded against. When possible protect the injury with freshly sterile gauze or in its absence with freshly laundered towels until the wound and surrounding skin can be properly cleansed and sterilized and appropriate dressings applied. A wound of superficial structures is sufficient indication for daily dressings until it is healed even if the retentive dressings have to be disturbed to do so. All things being equal, the permanent dressings should be applied as early as possible. The greatest care must be exercised to keep the fragments in correct apposition during the application of this dressing.

If needed, anaesthesia should be administered to reduce the fracture and secure normal position of the bone. Too many bad results are traceable to attempts to reduce fractures without the relaxing effect of anaesthesia. I have found in a number of my cases, especially Colles' fractures, that I could more readily reduce them by slightly increasing the deformity and then with traction in the axis of the bone bring it back to normal position. The ends of the bone are unlocked by first increasing the deformity. Where the ends cannot be accurately coapted under anaesthesia the open operation should be resorted to for with strict aseptic precaution the danger from the operation is far less than that of faulty or non union. As a rule the fracture can be more easily reduced when we know the line of application of fracturing force and reverse it. I believe that too little attention is given to the matter and mode of application of the fracturing force in the treatment of these injuries. It not only aids in making the prognosis but it is in a very large percentage of cases of great help in determining the proper procedure to correct the deformity.

The choice of splint should be governed by the kind of fracture and bone involved. In my own cases I have used plaster casts and board tin, wire and board splints. For fractures of upper extremity I have used the card board more than any other form of dressing. When thoroughly wet it can be moulded to any part with the extremity held in any position. When dried it furnishes ample support to the fractured bone and has the further advantage of being light. This form of splint can be more easily removed to massage the injured limb or to treat any superficial wounds than when plaster casts are used.

Fractures of lower extremity are, as a rule, more safely treated with plaster casts during the time the patient is confined to bed, but some lighter form of dressing is preferable when the patient is put on crutches. When paste board or other light material is used but little cotton padding

is necessary as the wet paper readily moulds itself to the form of the limb and unequal pressure is eliminated. If a plaster cast encases the limb cut it clear through on either side converting it into an anterior-posterior gutter splint which can be secured by a roller bandage or a few strips of adhesive plaster. This gives us all the advantage of a plaster cast and further enables us to open it at will to inspect the limb, give massage or treat any superficial injuries.

The most important consideration in the early treatment is to prevent infection and suppuration. The skin surrounding the injury and a large area above and below taking in the whole circumference of the limb should be scrubbed with soap and water then with benzine or alcohol and finally washed with some antiseptic solution. During this process protect the wound with some antiseptic dressing. After the surrounding surface is clean the wound should have the same careful consideration, using fresh water and solutions to remove any infectious material from the contused tissues. If the end of the bone is still projecting from the wound see that no foreign matter has lodged in the medullary canal or roughened edges or cortex. Irrigate the wound with antiseptic solution and explore the wound with carefully sterilized finger to ascertain the extent of bone injury, and to remove any piece of bone that may have become separated from the periosteum and tissues. After replacing the ends of fragments be sure that the loosened flaps of periosteum fall back into their proper places. The soft parts of the skin should be drawn together over the injured bone with sutures if they do not close properly without. If one is not sure of having eliminated every possibility of infection a drain should be placed in the lowest angle of the wound and a wet antiseptic dressing should encompass the whole limb at seat of fracture. The splint must be adapted to meet the requirements of the compound injury and such that access can be had to the wound without disturbing the fractured bone too much. If the wound heals without suppuration it will do so before the permanent splint need be applied and if suppuration supervenes the fracture will not unite any way until the infected bone is cast off by the granulations so that the immediate healing of any superficial injury is the first and most important consideration of the early treatment.

SUMMARY.

CASE	AGE	CAUSE	BONE	KIND	TREATMENT AND RESULTS
1. Mr. J.	27	Crushing	3 and 4 metacarpals.	Compound	Anaesthesia, antiseptic precautions. Spicules removed. Suture of soft parts over coapted fragments without drainage. Palmar splints. Nerve engaged in callus for several months. Bones united in normal position.
2. Mr. P.	20	Fall on hand.	R clavicle.	Simple	Reduction Velpeau and Sayre bandages. Result good.
3. Mr. H.	43	Osteomalacia.	Femur-Humerus.	Simple	Reduction. Splints. Left hospital, died few days later. No post mortem.
4. Mr. D.	28	Crushed by machinery	Toes of left foot crushed	compound comminuted	Part crushed bone had been removed and soft parts sutured 2 days before. Sutures removed and hot antiseptics applied. Removed remains of toes. Skin destroyed by injury. Healed by granulations.
5. R. D.	5	Fall	Colles-both bones-ulna in middle, clavicle	Simple	Anaesthetic. Board splint on arm. 2nd day plaster adhesive plaster on clavicle. Result good.
6. Mr. C.	48	Fall	Colles	Simple	Reduction. Board splint (ant.). 48 hrs plaster. Result good.
7. G. R.	16	Gunshot	Scapula	multiple ep'd	Anaes. Removed spicules and shot. Hot compresses. Later drew ends of deltoid together. Result good. No lost function.
8. Mr. F.	69	Fall	Extra capsular, neck of Femur	Simple	Plaster casts. Tore off several at night and got out of bed. Bad result. 3 inch shortening foot inverted.
9. Mr. M.	28	Crush	2nd, 3rd, phalanges little finger	compound comminuted	Anaesthetic, amputated middle 2nd phalanx.
10. G. P.	16	Crush	Femur middle	Simple trauma	Anaes. Reduction. Antiseptic dressings. Binder's to soft parts. board around thigh. Long external splint. Delayed union. Put him on crutches and gave massage. Result good.
11. A. T.	24	Crush by wheel	left foot and leg in. below knee.	Compound comminuted	Anaes. amputated 4 inches below knee. Drained, slight Tibia suppuration. fissured into head

CASE	AGE	CAUSE	BONE	KIND	TREATMENT AND RESULTS	
12. Mrs. H.	68	Fall	Middle femur	Simple	Anaes. Pasteboard around thigh with traction. Perfect result.	Long external splint
13. B.	42	Fall	Colles both nasal bones	Simple	Reduction. Plaster Cast. Left hospital 3rd day.	Cotton pledgets in nose.
14. W. S.	14	Fall	Colles	Simple	Reduction. Anterior board splint for few days then a plaster cast. Result good.	
15. G. G.	51	Fall	Colles'	Simple	Anaes. Reduction anterior board splint. Result good.	
16. M.	51	Fall	Potts'	Simple	Cast. Result good.	
17. W.	14	Fall	Colles'	Simple	Reduction. Ant Board splint, massage.	Perfect.
18. C.	19	Fall	Tarsal	Simple	Cast and rest. Good.	
19. P. G.	55	Crush ear wheels.	R foot and leg epd Potts' R. leg	Cp'd comminut-Anaes. ed 8 cpd of R.	Amputated middle of leg. Had to reamputate first allowed for. Rigid asepsis of Potts'. Both healed well	
20. B.	38	Fall	Potts'	Simple	Reduction. Plaster cast.	Good.
21. J.	9	Caught in cogs and chain	2nd and 3rd phlanges of 1st finger and 2nd phalanx of 3rd.	Simple comm- pound.	Anaesthetic. Antiseptis. Reduction. No deformity or stiff joints.	Pasteboard
22. R. P.	5	Fall	Colles' with fracture in lower 1-3 ulna.	Simple	Anaes. Reduction Ant. and Posterior board splints for 48 hrs; then plaster cast. No deformity or lost function.	
23. F. S.	11	Fall	Collis'	Simple	Reduction. Ant. board splint then plaster.	Good.
24. R. J.	3	Direct trauma	Middle femur	Simple	Anaes. Reduction. No shortening, no deformity.	Long external splint, later cast.
25. J. C.	13	Horse fell on leg and middle	Tibia Jet. of lower and middle 1-3.	Simple	Reduction good.	
26. U. H.	15	Fall	Tibia at middle	Simple	Anaes. Reduction. Plaster cast.	Perfect.
27. M. B.	70	Fall	Intracapsular neck femur	Simple, no im- paction	Anaes. Reduction, plaster cast. Tore off casts. Got out of bed. No shortening. Walked with a crutch.	Pneumonia, delirious. Sand bags 1½ inch

CASE	AGE	CAUSE	BONE	KIND	TREATMENT AND RESULTS
28. F.	12	Fall	Int. Condyle Humerus	Simple. Extended into joint	Reduction. Paste board splint arm dressed at right angle. Perfect. No impairment motion in joint.
29. S. W.	37	Crush	Lower 1-3 Tibia	Simple	Cast with antiseptics to skin injuries.
30. L.	25	Direct blow	4th metacarpal	Simple	Anterior board splint. Perfect.
31. D.	31	Gunshot	2d phalanx 3rd finger	Compound-comminuted	Finger was infected. Anaesthetic. Amputated.
32. C. C.	29	Direct blow	Left Nasal	Simple	Antiseptic, Cotton pledgets. No deformity.
33. J. B.	13	Gunshot	2nd phalanx 1st toe	Compound	Bone protruded from infected granulations. Hot boracic acid applied for few days. Bone separated at line of denervation and soft parts healed.
34. C. J.	6	Fall	Left clavicle	Simple	Reduction. Axillary pad, modified velpcan. Good
35. B. S.	43	Fall on head	Temporal, sup. Max-	Cpd of tempora	Death in 35 minutes.
		35ft struck on illa, occipital		others simple	
36. M.	65	Fall	Intracapsular neck femur	Simple	Refused to treat patient at home and he passed to another physician
37. H.	50	Fell on head	comminuted fracture 7th cerv-spine	Simple	Cord crushed. Immobilized. Died 5th day.
38. B.	15	Fall	Colles' and ulna	Simple	Anaesc. Reduction anterior and posterior board splints.
39. H.	13	Fall	Shaft femur upper 3rd	Simple	Anaesc. Good. Reduction, long external and short internal splints.
40. Mrs. C.	68	Fall	Intracapsular neck femur	Simple	Anaesc. Reduction Long external splint, short external for 2 days. Removal to hospital used Maxwell's anatomic dressing with traction. Perfect result.
41. A.	20	Crushed by machinery	2nd phalanx great toe	Cp'd commin-	Anaesc. Amputated crushed bones and soft tissue.
42. W. L.	31	Direct blow	Nasal styloid process	Simple	Cotton pledgets in nose. Splint binders board on foot and leg. Good result.
		fall	of fibula		

DISCUSSION.

DR. AXTELL.—The treatment of deformities should hold a great deal of interest for every physician. There is scarcely a neighborhood anywhere in the country which has not its deformed children, many unable to walk. Everyone in the neighborhood knows them. Modern surgery is doing wonders in the way of treatment, and it is almost marvelous sometimes how these crippled and twisted little ones may be actually developed and unfolded, and limbs again be made useful. Many times deformities are reduced, and patients supposed to be cured, which later developments prove a great mistake. I think the main point which Dr. Naismith brought out in his paper is the importance of restoring and maintaining muscular equilibrium by proper exercise; exercise in any way you can get it. This is more essential than to put a patient into jacket and brace—these only serve as bridges or helps for the time being, and should be dispensed with as soon as sufficient muscular power and tone are developed to do the work without their assistance. I notice that Dr. Naismith speaks a number of times about deformities of the upright position. Our very best authorities maintain that lateral curvature of the spine comes from this fact. Someone has said that “man has lately assumed and with difficulty maintained the upright position, both physically and morally.” The upright position is without doubt the cause of many of our deformities. We have simply stopped too soon in development; it is a lack of unfolding,—a lack of evolution.

In regard to fractures, unfortunately they do not all give as perfect results as we would wish. I would like to mention a few points in regard to treatment,—some that strike me. I would certainly use anaesthesia in every case possible, unless in the case of a very small or weak child. The reduction of the fracture is half the battle. After reduction, the important thing is to maintain it. If possible, fix the joint above and below the fracture and prevent motion. Most fractures that leave deformities were never properly reduced,—and I think no man can reduce a fracture quite as well with a live patient as with him under the influence of an anaesthetic. Another thing, use the X-Ray in examining fractures for reduction,—it counteracts the tendency to careless reduction of the fracture, as well as serves as a safeguard to the physician in case of a malpractice suit. This is an age of malpractice suits, and if you are worth enough, you may be threatened with them. In regard to the dressing,—the more you become used to plaster of Paris, the less cotton will you use. Most experts do not want any cotton, stockinet is better. Be careful about bandage under cotton. A great mass of cotton soon tends to let the limb loose, and you get motion, and this must be guarded against.

DR. JONES presented the plan of instituting a reform in modern school methods, and suggested that there should be some one in every primary and grammar school whose duty it is to look after and intelligently direct the care of these muscular deformities among school children; that the attitude of the physician should be a prophylactic one, thus curing these deformities in their incipency.

DR. PURDUE spoke in highest terms of the use of the Maxwell splint in all cases of involvement of hip joint, in old and young, and referred to care reported by Dr. Clark, this being the second case upon which he had used this splint. When called to see the case, there was no deformity, but inability to move the limb. He put the patient to bed and kept her there. Patient did not suffer an hour after being put to bed and splint applied, but was perfectly comfortable; slept well, felt well,

got well. The doctor said that he had been educated to believe that a person who suffered this sort of fracture was deformed for life, but that the Maxwell splint gave as perfect result as one could wish.

DR. SAWTELL emphasized the importance of the first dressing—if you expect a cure in case of compound fracture, your first dressing must be clean.

DR. HUGHES agreed that the first dressing decided the case. He advised a bold and free incision in order to thoroughly cleanse and expose parts, even if it became necessary to sever tendons to do so, and tissues had to be restored by sewing. He strongly advised the opening of the spinal canal in all such cases as the one described,—under the usual antiseptic and aseptic technique it might do a world of good, and cited one of the cases upon which he had operated for similar trouble, of a man who served his country two or three years after operation. In all such cases the doctor said that it was imperative that the individual should not be carelessly moved, but a plank or board should be secured, and patient placed gently upon it, without permitting lateral movement or bending the head, and taken to a place for permanent treatment and care. One should place the bed on an incline of at least a foot, so as to produce longitudinal traction, and if paralysis continues, unhesitatingly open up the spinal canal for the purpose of relieving the pressure which is producing the paralysis.

DR. BOLTON recommended from experience the utility of the Maxwell splint. He considers it the ideal splint for all hip fractures and dislocations in old and young.

DR. MITCHELL said that he was afraid to use the cardboard splint for Colle's fracture, and recommended the use of the plaster of Paris splint, modified as follows: Allow it to harden slightly so that it may be bent and moulded to the hand, wrist and arm, and then allow to set; in this way mobility was secured without the weight of the ordinary plaster of Paris splint.

DR. GODDARD. There are hundreds of children hopping about with ankle splints and hip splints, and nine out of ten are expected to get well on splints. Splints and braces cure nothing,—merely maintain the parts in position while you restore them. The statement of Dr. Naismith that a muscle absolutely unused for fifteen years was still a muscle startles me. It must have been in some kind of use to maintain its muscular strength.

DR. BROWN emphasized the importance of the use of an anaesthetic in fracture cases by citing a case in his own experience: Boy kicked in the head by horse; seen first thirty six hours after injury. Dr. Brown wanted to give an anaesthetic but the parents opposed it. He cleaned out the wound, and diagnosed fracture of skull. In about a week or ten days the boy developed tetanus; then he was allowed to give anaesthetic, and trephine. He found a piece of horse's hoof back in the skull, but it was too late to do any good. The lesson is plain.

DR. NAISMITH thought that it was the duty of doctors to insist upon parents having early corrective measures instituted for overcoming on-coming deformities in their children, that a little care and manipulation at the proper time might cure; that there was no need of boys and girls growing up knock-kneed, bow legged and otherwise deformed; and that a world of misery and suffering might be thus spared parents, as well as children, were proper measures taken before the cases became incurable.

A lively discussion then arose in regard to the use of traction in impacted intra-capsular fracture. DR. CLARK was in favor of it, and said that the amount of traction should be in proportion to the build of the patient; just enough to reduce shortening and balance the pull made by the muscles.

DR. BOWERS and DR. HUGHES protested against it, and said that an artificial joint might thus be produced,—never to use traction.

THERAPEUTIC FIRST PRINCIPLES.*

GEORGE HOWARD HOXIE, A. M., M. D.,

Professor of Internal Medicine and Dean of the Clinical Department, School of Medicine, University of Kansas.

Kansas, City, Kansas.

The rapid growth of medical literature in these last days has brought with it a danger—a danger specially imminent in therapeutics. The ease with which even the wildest dreamer may get into print necessitates a critical reading of our journals—something not needed when journals were fewer and commercialism less rampant. Then the flood of advertising circulars pouring into our offices will force even the most careful physician from his moorings unless he by frequent review keeps his hold on first principles. The tendency is, even with the best minds, to read this ephemeral literature more and the text books less. And this ephemeral literature will cause its readers to forget the nobler ideals of our profession and to bow the knee to popular and commercial success.

It strikes me that the first principle which we are liable to forget is that it is nature herself, rather than our treatment which is the essential cause of recovery from disease. Hence in reading highly colored case reports, we should not be convinced of the efficacy of a drug until by authentic reports of many cases under all sorts of conditions it is shown that the patient would not have done as well without the drug. It is of course nonsense to report two cases and when both seemed improved by the method or remedy to announce boldly that it gives 100 per cent of cures. Thus acetozone seemed (judging from the reports) for a short time to be about to revolutionize the treatment of typhoid fever, yet now that more and more reports are coming in, it would appear that very many of its advocates have lost their enthusiasm. This principle is pertinent also

*Read before the Kansas Medical Society at Wichita, May, 1905.

to the overdoing of treatment so often prevalent among those who accept the literature of manufacturing houses as Gospel. It is Nature that cures; our work is to interfere with her as little as possible; and then only to aid, not to supplant.

The real use therefore of therapeutics is, first, to help Nature remove the cause of the disease; and second, to sustain in times of shock or collapse the vital powers. If we keep this statement of our purpose in mind, we shall be less liable to stereotyped treatment and shotgun prescriptions. Thus in typhoid fever we can remove the larger part of the putrescent mass in the intestines even if we do not drive the toxins already absorbed from the entire system. We can do enough to make the effort worth while. The following out of this principle should prove an effectual check upon our use of proprietary compounds of unknown composition,—one of the greatest curses of our latter day practice.

Several corollaries follow from this statement of the purpose of therapeutics, the first of which is that the physician must know at every stage of the disease the pathological condition present and direct his efforts toward helping Nature at that particular crisis, rather than toward giving a routine treatment for the disease entity. We perhaps have gone too far in our classification of disease—so far that the most of us are apt to treat the disease rather the patient—to use a routine treatment, rather than one varied and changed according to the daily exigencies. Some one has recently suggested that the new text books on pathology and therapeutics will discuss pathological conditions and their treatment rather than diseases and their treatment. This desire to treat the condition should keep us from giving drugs which mask the symptoms, such as the acetanilid mixtures and the opiates. This principle should lead us also to examine our patients carefully every day in order to learn the pathological condition just then present. To my mind the emphasis upon diagnosis will be the best criterion for judging the claims of journal articles and advertising circulars which lay before us new drugs.

Another fact should be kept in mind in these days of vibratory massage, goat lymph, and secret nostrums and that is, that some pathological conditions will yield to no treatment whatever. It is a great temptation when a patient with cancer, for instance, comes to us and tells us that his former physician would give him no encouragement,—it is a great temptation and we deserve great credit when we do not raise vain hopes and offer him our services. Of course the square thing and the thing that will win out in the end is to tell him that the doctor was right, and that he had better go back to him. But even in cases which we retain, an early recognition of the uselessness of drugs will in the end help rather than hurt us. If it involves the calling in of the surgeon, we should even

then retain the cases longer than if we continued an unsuccessful line of treatment. For the patient's own good an early diagnosis and prognosis should be made and then instead of wasting valuable time in experimenting with new and secret nostrums we should provide for our patients the form of treatment needed. We are learning that one person in ten has some disease of the biliary tract and further that but a minute percentage of those thus afflicted can be cured by drugs or any treatment except drainage. So also we are learning that the surgeon and the electro therapist can help us greatly in chronic nephritis. Hence the general practitioner should prepare himself to use intelligently electricity and to operate surgically on all but the extremely difficult cases.

The action of drugs is simply chemical and is not more mysterious than other chemical reactions. Hence we should demand a very thorough knowledge of the reactions of every drug we use. This means much, but I believe that if our profession would get together along this line and study systematically our drugs, medicine would make greater advances than it has yet made. A few years ago such a demand would have been impracticable; but today with the apparatus for physiological and pharmacological research lately developed at our disposal we ought soon to know the reaction of every needed drug. The standardized drug alone should be used and whenever possible only the active principle. Here again, we would protect ourselves from the ravages of the drug combines, and on the other hand, from the useless trial of a few hundred herbs and compounds introduced into our pharmacopeia during the days of inexact knowledge. This would change the course of materia medica from a cramming process to one of intense study and scientific study as well, of some fifty or sixty really effective remedies. It is funny to see how a sick druggist treats himself—every drug on his shelves which could by any stretch of the imagination have a relation to his supposed (and self diagnosed) trouble is poured into his long suffering stomach. But we do just as ridiculously when we do not thoroughly diagnose our cases and select the one drug or treatment which will help Nature most to recover her balance. A little learning is dangerous—so is a superficial knowledge of the action of our drugs.

It is not improbable that this imperfect teaching of the action of drugs has had much to do with the present deplorable state of therapeutics wherein we find confusion and contradiction rampant and the secret and unknown supreme.

If what has been said be accepted as true, then there devolves upon us the duty of studying drugs more closely—of using the single standard drug, and of teaching our students the better way.

DISCUSSION.

DR. PURVIS.—This is a subject that has caused all of us a great deal of thought. Almost every day a drug man comes to our offices and leaves his samples. We should not administer these preparations unless we know what they contain. Some time ago two or three men here in our town asked me what I thought of a certain preparation. I told them I knew nothing about it. "Why, this drug man says you have used it, and have obtained excellent results from it," He had quoted me as having used it in a case of pneumonia, with excellent results, etc. I thought the thing over and remembered that the man did leave me a sample. I told him I had tried it, but did not get any results from it. It seems to me that these proprietary houses are not quite fair a great many times.

A MEMBER.—I have also most entirely excluded these set formulæ that are sent about by the various houses. I find that I can come near enough to handling my cases with my own stereotyped prescriptions. It is somewhat surprising to see the list of physicians which these agents display, and the different articles bought by them. As to the action of medicine,—the doctor claims that medicine is purely chemical in action. I was under the impression that it was a physiological, or chemico-physiological action which we got from medicine.

ANOTHER MEMBER spoke of the mistake of the young practitioner when first starting out in being too theoretical; that if a patient had a pain, he wanted relief; and if you don't relieve him, he sends for another doctor who will. He spoke of one of our best pathologists who made a complete failure as a practitioner for the reason that he was so great a pathologist, and so wrapped up in theorizing about the pathology of the case, that he forgot to give any medicine.

DR. SAWHILL thought that the practice of prescribing set formulæ had a very bad effect upon the doctor as well as the patient. As soon as a man makes a machine of himself, he begins to deteriorate, and places himself upon the plane of the man in the dispensary who prescribes one cough mixture for all coughs.

A MEMBER.—This is an age in which therapeutics has gone backward instead of forward, and physicians in general are to blame for it. Some are in the habit of "trying" these preparations on every patient they see, and thus we find that they are "recommended" by certain physicians who have used this particular preparation from the house of So-and-So. and their recommendation is used for advertising purposes. These firms pay a man almost anything he asks for a testimonial, and many times they succeed in securing some prominent member of the profession who occupies a foremost place in some one of our big Eastern schools, etc. You see these recommendations, and perhaps in a year or two they are not using the preparation at all.

DR. LATTA.—This is a very important subject, and one in which we should all take an interest. Many men and women give their photographs and testimonials to these various firms for advertising purposes, as our current literature will testify. Usually the man whose picture appears has a fine big mustache, or he thinks he is handsome. Nervous prostration seems to be a chronic ailment with big policemen, if we are to judge from the number of policemen whose pictures ornament our dailies. As a rule you will find that these individuals who lend their pictures and testimon-

ials to this advertising scheme are obscure people, who write these things, not for money, but that they want to see their names in print. In regard to the proprietary medicines, I find it rather difficult to get along entirely without them. Now, there is antikamnia, I used that. When acetanilid came out, I dispensed with antikamnia, and used acetanilid. And there is trionial and sulphonal,—I have not the slightest idea what is in them. However, I know of no good substitute as yet. I do not like to use things whose substance I do not know, There is a class of compounds about which there is no mystery, those preparations sent out by Merrell, P. D. & Co. and and others, the composition is actually right there before your face. I would like to be able to draw a line against everything which has the least bit of secrecy about its make-up.

DR. HOXIE.—With regard to the criticism of my statement that the action of medicine is chemical, I beg to call your attention to the researches of Vaughan, brought out this year, his article having been published in the Journal of the American Medical Association,—showing that immunity is due entirely to a simple chemical reaction between the molecule, so to speak, of the bacterium and the tissue cell. The so-called “physiological action” is, if this is true, nothing more nor less than a chemical reaction. Many of our customs can be explained only on this basis. Thus we give diphtheritic antitoxin in immense doses, because the chemical affinity of the toxin for the tissue cells is very powerful; and all loose toxin must be saturated with antitoxin before the union is formed, for if once formed, the use of antitoxin is valueless.

Of course it is necessary to give relief when we are called in to see a patient for the first time; however, we should not give relief by using something that will mask the symptoms, Heat, cold, massage, or some such means do not mask symptoms as much as the opiates, for instance, do. We can give temporary relief by using some such measures,—instead of handing out to the patient antikamnia, or similar mixtures; then, when we have made a complete diagnosis of the case, we can use whatever is needed. We have much to learn from the homeopaths. They have studied the action of the individual drugs until the good old homeopath knows the action of each drug and its every indication. If we should imitate their methods in this respect, and give students in our medical schools only about fifty or sixty drugs, thoroughly taught, with a tendency or “bent” which will lead them to study drug action in every case, I think that those men would be able to use the medicine man who brings around the samples, rather than be used by him.

HOW TO PRODUCE ACID FAST BACILLI.*

HENRY G. GRAHAM, M. D.

Chicago, Illinois.

Of all the acid fast bacilli, the tubercle bacillus is perhaps the best known. For a time it was believed to be the only one of its kind, and that its staining property was therefore characteristic of a single species.

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Isolated from all other organisms by a simple test, the tubercle bacillus early became a familiar microbe and other bacilli since found to possess the same staining property are naturally associated with the one discovered by Koch.

Among parasitic forms, the bacillus of leprosy and the smegma bacillus; of those widely distributed in nature, the timothy bacillus and the bacillus of rancid butter described by Lydia Rabinowich, are well known examples.

Since all these are acid fast, the claim first made for the tubercle bacillus, that this peculiar staining property was characteristic of it alone, has long since been abandoned.

Of all the acid fast bacilli the writer has ever seen, the finest specimens may be grown and produced in the greatest profusion in the following manner.

Into a vessel, preferably of glass, is poured a liter of distilled water. A ray fungus from a colony of an infusorian is washed in distilled water and placed in the vessel. A dozen or two dozens grains of wheat are washed in an antiseptic solution, rinsed in distilled water, and added as nutrient material to the ray fungus. A score of cover glasses are distributed over the bottom of the vessel to receive upon their upper surface the products of growth and of multiplication resulting from the parent body or ray fungus. A cover is placed over the vessel for protection of its contents against deposit of particles floating in the atmosphere. The vessel is now set away and is not molested for a period of four months.

At the end of that time, a cover glass is removed, dried, and its upper surface stained in the flame for one minute with carbolfuchsin solution. A 10 per cent solution of sulphuric acid in water is now applied until no red shows beneath the solution, when the acid is removed by washing in water. Wood alcohol, full strength is now employed to remove still more of the magenta red, and after rinsing in water, the specimen is counter stained for five minutes in an alkaline solution of methylene blue. After rinsing in water and drying it is mounted in Canada balsam.

We now search for the granule which forms in the walls of the endoplast, for from this is the acid fast bacillus directly derived.

If this is of under size, or if fission has not taken place, the bacillus has not yet formed, and the culture is set aside for another month.

At the end of the fifth month the staining process is repeated with another specimen removed from the culture as in the first instance, and the bacillus sought for as before.

It may be necessary to put it aside for another month or even longer, in order that the granule may have sufficient time to develop into the acid fast bacillus.

Anyone who will take the trouble to do so may develop from an in-

fusorian a bacillus that exactly resembles the bacillus of Kech in form, size and staining property.

It is not necessary to start the culture with the form of infusorian here designated, "ray fungus," but it is convenient. Another form could be employed for the purpose. The rayed body, because of its large size, is more easily freed from foreign material and the culture, which may have to be kept for many months, is more readily kept free from contamination.

It will be remembered that an individual protozoan or zooid is popularly regarded as a single cell having its nucleus and nucleolus. Huxley named the nucleus an endoplast and the nucleolus an endoplastule. Kent employs the terms suggested by Huxley.

The endoplast just emerged from the parent body is a young organism, and the granules in its walls, develop into cilia. The ray fungus may be regarded as such a zooid with an infantile body having enormously developed cilia.

The acid fast bacillus, since it is derived from the granule which forms in the endoplast, is thus seen to be an undeveloped cilium, or what is the same thing, it is an early form of the filament of the ray fungus.

The writer has succeeded in producing a primary lesion or tubercle in the lungs of a guinea pig by simply feeding the animal infusoria. Others may do the same thing, and the foregoing explains why this may be done.

The writer has for years been of the opinion that human tuberculosis may be caused in the same way.

Elmdale, Kansas, April 24, 1905.

THE SCIENTIFIC BASIS OF MEDICINE.*

J. T. AXTELL, M. D.,
Newton, Kansas.

The practice of medicine is as old as history. It was born of need and nurtured by the dawning intellect of primitive man. It has been strangled by superstition and led astray by fanatics. Religion has marked it for its own and for a time has prostituted it for its own selfish aims. Charlatans have used it for a cloak and have been bold in their unprincipled

*Read before the Kansas Medical Society at Wichita, May, 1905.

career. In spite of all this, and much more, there has been a growth in medicine that is only less than miraculous. An army of earnest, conscientious mental giants have been given to it all that they had—their whole lives.

In 1543 Vesalius founded modern anatomy. Modern physiology had its first great start in Harvey. Virchow set pathology on a firm basis and rescued it from the humoral theories.

But it is in the field of infectious diseases that the most wonderful work has been accomplished and which has at last given us our first really scientific basis for therapeutics. To such men as Pasteur, Klebs, Löffler, von Behring, Ehrlich, Roux, Koch, and a score of others we are indebted for the most wonderful discoveries which taken together give us the first ray of light of really scientific truth to penetrate a multitude of blindly collected facts.

Until within the last few years the known therapeutic measures of value have necessarily been purely empirical. They are no less valuable on this account but it certainly is a great satisfaction to know something of the why they are valuable. Years ago it was discovered in Rome that persons out in the evenings were more likely to contract malarial fevers than those out during the day. It was at once concluded that night air was conducive of malarial fever. Only in recent years and since the discovery of the malarial plasmodium have we learned that it was the mosquito with its nocturnal habits that infected the evening sight seers. The use of quinine to destroy these germs, while purely empirical for so many years, was almost perfect in its technique. The use of mercury in syphilis, a disease of which we do not know the cause, is almost parallel. At any day we look may for some one to discover the cause and place this known treatment on a more scientific basis.

So long as we are able to modify physiological and morbid processes with drugs we will doubtless continue to do so even though it be in a blind and empirical manner, but every thoughtful physician longs for the day when he may know something more of the reason of things. The tendency of the times, with physicians and with the people, is for fewer drugs and better hygiene; for less cure and more prevention.

The foundation of all rational and scientific treatment is in a knowledge of the exact nature or the cause of the morbid processes. All therapeutic measures not founded on this basis are purely empirical. It would be most interesting and instructive to glance at some of the beginnings of this scientific basis. Pasteur's study of fermentation was one of the very first. This principle alone, when carried to its ultimate conclusion, has made modern surgery possible. He discovered the effects of the yeast spores. Here was a vegetable that needed neither light nor

air; it obtained its oxygen by decomposing the liquid surrounding it. He learned how grape juice turned to wine and how milk soured. He studied the silk worm disease and showed that it was a microbe at work. In 1876 anthrax was making great ravages in France and he proved that it was the anthrax bacillus which had long before been discovered that was responsible for the disease. He and his students showed that they could reproduce these "shoots" and how they multiplied by division until one single shoot could in 2 days become a thousand million. It was easy then to see how an organism one millionth of an inch in length could kill a steer. He showed that with the prick of a needle dipped in cultures he had made he could kill a sheep in 40 hours. He showed that the same culture fed in bran mash by the stomach was harmless. That where the dead sheep were buried in the pastures the spores were carried to the surface by earth worms and were found in the earth and on the rough sharp bladed grass which when eaten by the sheep and cattle wounded the mucous membranes of the mouth and secured an entrance to the blood.

In hydrophobia no change could be found in the blood nor in the lymph and no bacteria has been discovered, but emulsions from the crushed brain and spinal cord of animals dead of hydrophobia transmitted the disease in just the same manner as in other diseases in which the bacteria had been found. The first case in which the inoculations for hydrophobia was used is of interest. It was on little Joseph Meister, a boy from Alsace who had been torn by a rabid mastiff. He had daily inoculations for 30 days which in no material way interfered with his comfort and he returned to his home cured.

Pasteur and his student started a poultry yard to study chicken cholera. From culture tubes of the bacilli of chicken cholera other birds were inoculated and some were found more susceptible than chickens themselves. After a summer's vacation one of the culture tubes was found unsealed and exposed to the air. The fowls inoculated from it when fresh had died, when used after being left unsealed until "spoiled" it was found comparatively harmless. And most remarkable of all was that after using the "spoiled" culture the fresh and virulent cultures were harmless for this particular fowl. Thus was discovered the "attenuate virus."

The same principle was applied to anthrax with similar results. The animals could be rendered immune by being inoculated with serum of an animal made immune by repeated injections of attenuated virus. But he also discovered another principle: By inoculating certain animals with bacteria and others in succession from the blood of the dead one the virulence of the bacillus became much more intense as it passed through

successive animals and the period of incubation became much shortened. Where the natural period of incubation was from 15 to 30 days he succeeded in reducing it from one to three days. Sometimes this virus was passed through a hundred different animals and it became so virulent that it would kill in a few hours. It could be attenuated, however, by oxygen or heat or other methods until a dose less than fatal could be injected and the re-action would soon be over. Repeated doses of increased strength could then be used and repeated reactions secured until the animal would become immune before the natural period of incubation had elapsed. This was indeed preventative treatment and here was a great ray of light on the question of immunity—the greatest problem before the medical world today.

Some animals are immune to certain diseases and not to others. Some animals have certain diseases in a lighter form than man and others in a more virulent form. White rats, adult dogs, many kinds of birds and frogs are naturally immune to the bacillus of anthrax, which is very fatal to cattle, common rats, field mice and to man. Algerian sheep resist the organism while other breeds of sheep readily succumb. Dogs are practically immune to tuberculosis while guinea pigs are killed by the most minute dose of the bacillus. Rats and mice are not susceptible to diphtheria. In none of these cases, however, is the immunity absolute. By altering the circumstances of the animal it is generally possible to render it susceptible to the disease. Thus by keeping frogs at a raised temperature it is possible to infect them with anthrax and by over tiring animals by excessive work they may be made susceptible to infections with organisms to which they otherwise possess almost complete immunity.

Every physician knows by experience how increased vigor and plenty of oxygen, a full stomach and cheerfulness render one more nearly immune than the opposite, over-work, heated rooms, fasting, and worry. A case is reported of two medical students who for a space of two months regularly visited a scarlet fever ward without contracting the disease. One day they visited the ward when they were overtired with severe exercise and had been fasting for five hours. Their resistance was lowered and both contracted the disease from which one of them died.

Everyone knows that having certain diseases, as measles or small pox, renders us practically immune to a second attack while other diseases as diphtheria or septicemia do not render us immune. In fact in some diseases, as erysipelas, an increased liability exists after once having an attack. It is probably true, however, that there is in each case a period of immunity following each disease, of varying length but that in some cases it is so short as to be useless and is overlooked.

Infectious diseases cannot be said to be cured until the invading or-

ganisms are all destroyed or driven out of the body. Some pass out through the urine, some are expectorated or pass off in ulceration or other ways. The greater number, however, must be destroyed in some way within the body. They may be seen sometimes undergoing a process of degeneration, becoming granular, and finally breaking up and vanishing. It is an analogous process to digestion. In a local infection in which the organisms have established themselves there takes place first a dilatation of blood vessels with increased blood supply and the escape of a quantity of blood serum into the interstices of the tissues followed by a migration of leucocytes through the vessel walls toward the location of the invaders. These leucocytes seem to constitute a defensive force which has come to do battle with the microbes. If the bacteria are virulent they cause a destruction of some of the cells of the body at the point where they settle and also succeed in killing many of the first leucocytes which come to attack them. This may go until dead cells, leucocytes and bacteria forming what is known as an abscess reaches the surface and the abscess is discharged. If however, the bacteria are not sufficiently virulent to establish themselves in the tissues there is a degeneration of the germs, a subsidence of the inflammation and no abscess or supuration occurs. It is not so easy to study this process when the germs enter the general circulation but even here we have an increase in the leucocytes called "leucocytosis" which seems to be a similar process. This occurs in pneumonia and in septicemia but not in enteric fever.

In most infective diseases the temperature of the body rises considerably, often to the alarm of the patient and physician. It is now known that most bacteria thrive best at the normal temperature of the body or about $98\frac{1}{2}$ Fahr and that a temperature of 104 to 105 seriously retards their action; so that fever is probably a preventative or defensive measure. Metchnikoff's theory of phagocytosis, which means "to eat a cell," must probably be modified as the leucocytes are now generally supposed to be more scavengers than soldiers. It is probably the fluids of the body instead of the cellular elements that constitute the opposing factors to the invasion of the bacteria. When all formed elements such as the corpuscles have been removed from the blood it has still been found to have an inhibitory action and it is supposed to be a chemical substance in the serum of the blood which neutralizes the alkaloidal poisonous products of the bacteria. It is in the line of chemistry that most of our discoveries have been made and which seems to offer most for the future. Ehrlich's side chain theory of immunity is the one most generally accepted. It is a well known law that small doses of poisonous substance often create an immunity or develop the natural resistance so that in a short time the individual may with impunity take a dose of such a quantity as would have been

fatal before he had acquired this immunity. This is true of vegetable poisons, of snake-venom, and is found to be true of bacterial toxins. Serums have been produced from the blood and these immunized animals which are either preventatives or curatives or both. It may be an anti-toxin, one which neutralize the toxins of the bacteria, or it may be anti-bacterial, which destroys the bacteria themselves. The serum of tetanus has little power as a curative agent yet it is almost a perfect preventative if used early. Fortunately we may often suspect from the nature of a wound whether there is much danger of tetanus and if so the anti-toxin should be used. In diphtheria on the other hand we have a curative anti-toxin when used early and it is an almost certain preventative of the disease. The Klebs-Löffler bacillus cannot penetrate a whole or sound mucous membrane but even a cough may be sufficient to irritate the mucous membranes enough to give it an entrance.

Bacteria have been identified as the cause of diphtheria, tetanus, glanders, tuberculosis, pneumonia, enteric fever, Malta fever, septicemia, and suppurative conditions, gonorrhea, plague, relapsing fever, influenza, erysipelas, leprosy, actinomyces, botulism and cerebro-spinal meningitis. Organisms have also been described which may have some claim to be the excitants of dysentery and infantile diarrhoea, of rheumatic fever, whooping cough, yellow fever, scarlatina, syphilis, and rhinoscleroma. Microscopic animal parasites are recognized as the causes of the different forms of malaria and new additions are coming so fast one can scarcely keep trace of them. The latest thing is from Johns Hopkins University, that in the experiments on mice a serum has been prepared which has cured cancer in the mice. That much is to be expected in this line is putting it too mildly. In my opinion this is the "scientific basis of medicine."

DISCUSSION.

Dr. JAMIESON spoke of the opposition with which the antitoxin for diphtheria was received, and of the years which elapsed before it became generally used. Our progress in the future will be along preventive lines for all infectious diseases. As to whether medicine is scientific or not, depends altogether upon what we consider scientific. Years hence, men will probably say that we had nothing scientific today.

Dr. LATTA said that it was likely that every human being was susceptible to a great many diseases, and spoke of the susceptibility of the newcomer in a malarial district to malaria, and of the immunity acquired by the older inhabitants, and also the immunity of the negro to southern diseases, and the susceptibility of the white man. The man who indulges the morphine habit, or any other drug habit, produces within himself an immunity. It is said that men away back in the middle ages were so in dread of being poisoned that they engaged certain persons to administer to them, from time to time, small doses of poisonous drugs, until they became immune; thus even the ancients recognized this principle of the power of developing a resistance against toxic materials introduced into the body—which we call immunity.

DR. BLAISDELL said that the therapeutic principles, teachings and experience, handed down to us by the masters, comprised the scientific basis of medicine.

DR. MITCHELL thought it a great mistake to spend so much time and energy in trying to reduce temperature, which efforts might result in much more harm than the fever would actually do; that even sponging will oftentimes do more harm than by allowing it to continue. Search out and remove cause, and fever will subside.

DR. JONES brought out the thought that there was "nothing new under the sun," that the antiseptic qualities of alcohol were studied and known by the ancients, and that many of our modern truths were discovered and put into practice centuries ago.

DR. CHAMBERS said that the various infectious diseases were no longer feared, and that we could put tuberculosis out of business in less than a year if we wanted to. "Keep clean." is the secret. The aseptic idea has long been worked out in surgery to its extreme limits, and the medicine of the future will no doubt be directed toward the set of diseases that results from the wear and tear of the times.

DR. LONGENECKER here arose to say that erysipelas was yet to be conquered.

DR. ELTING thought instead of developing artificial immunities, we should conserve those things given to us by nature.

DR. AXTELL brought out the following points:

To be truly scientific we must know what we are trying to do, and why we are doing it; a knowledge of morbid processes absolutely essential.

The formation of drug habits is a form of immunity which is developed by excessive and long-continued use. Man can become immune to almost anything,—opium, snake venom, vegetable poisons, this is simply developing the natural resistance of the body cells.

Leukocytes, instead of being a protective principle, may be a menace by carrying infection to other parts, the real protective principle residing in the serum of the blood.

Fever is an open question; we would not dare say that it would just be as well not to use any therapeutic measures against it, we do not know. We do know this: a patient may be kept normal in temperature with drugs, etc., during the entire course of a disease, and he will surely die.

(Most micro-organisms thrive best at normal body temperature, thus it would seem that fever is a protective measure, inhibiting, rather than enhancing their virulence.)

SOCIETY NEWS.

The Golden Belt Society.—The regular quarterly meeting of the Golden Belt Medical Society was held in I. O. O. F. Hall, Herrington, Kansas, Thursday, October 5, 1905. President E. R. Cheney being absent, meeting was called to order by the second vice president, F. G.

Lagerstrom. The regular routine business was transacted and the following physicians elected of active membership:

Dr. R. S. Magee, Topeka, Kansas, graduate of Kansas City Medical College, class of 1890.

Dr. G. E. White, Holland, Kansas, graduate University Medical College, Kansas City, Mo., class of 1905.

Dr. Daniel E. Esterly, Topeka, Kansas, graduate of University of Pennsylvania, class of 1893.

A committee was appointed to draft resolutions of the death of the late Dr. E. A. Donmyer of Herrington, Kansas.

Presentation of a case for diagnosis by Dr. J. D. Riddell of Enterprise, Kansas:

Mr. A.—age 39, German, father and mother living and in good health, brothers, 2 dead, died when babes; one sister living now, 35 years old and in good health. Mr. A. was a moulder up to 1902 since which time he has been employed by a club in Topeka. Moderate user of wine and beer, but claims never to have used either immoderately. Never indulged in periodical sprees. Denies absolutely any specific disease and gives no symptoms of any symptoms of syphilis.

Always enjoyed good health up to December, 1904. At that time patient began having pain in back across the lower lumbar region and through the bowels. Had a dragging sensation in pelvis and a desire to go to stool. If excited or startled or amused and laughed heartily the desire to stool was produced at once. When bowels move sickness of the stomach is produced and often vomiting.

Shortly after first symptoms the nasal passage became painful and bled freely if nose was blown. The left nostril was the more sensitive. A few weeks later the left side of the head began to be affected with sharp shooting pains. The pain would start just anterior to auditory canal and run up to the top of the head. A similar pain on right side was not nearly so severe. These pains are still experienced but not so severely.

Following the appearance of these pains came a gradual sensation of tingling and tightness of the skin across the forehead, then is gradually extended all over the face and down over chin. Double vision up and down was experienced due to an abnormal dilatation of the right pupil, the superior rectus and internal rectus muscles of right eye were paralyzed. An abnormal desire to sleep was present all the time, could sleep 18 hours a day.

Has taken treatment for syphilis, has been to the hot springs but has had but little relief.

Has lost weight, from 196 pounds to 152 pounds but has not lost any for the last six weeks.

At present patient eats well, but sleeps too much.

Bowels cramp some and vomits almost every day but no pain when palpated.

Urine analysis, negative, some difficulty in passing urine, flow starts and stops, then starts and stops. No enlargement of prostate gland.

Dr. O. R. Brittain of Salina, Kansas read an interesting paper entitled, "The Practice of Medicine in Mythological and Prehistoric Times." The paper was discussed by Drs. McVey, Lindsay, Riddell, Ketchersid,

Alkire, and Magee. Many ideas and practices of antiquity were brought out by the essayist, showing them theoretically to be closely allied to those of today.

Dr. F. G. Lagerstrom of Salina, Kansas, read a paper on Cystitis giving the many causes, pathology and treatment. The essentials of the treatment were: Removal of cause, rest, irrigation with saturated solution of boracic acid and salol internally. The above was discussed by Drs. Harvey, Riddell, Ketchersid, Klingburg, Lindsay, Crawford, Brittain, MeVey, Magee and Alkire, all agreeing as to importance of irrigation and cleanliness, Dr. Crawford believes that a solution of silver nitrate is much better than boracic acid for irrigation.

Dr. John Punton of Kansas City, Mo., read a paper entitled "Modern Views of Incipient Insanity and Its Treatment." The essayist spoke of the errors of many general practitioners in making a correct diagnosis early in the disease, and urged a more careful study of same, bringing out the fact that a large number of the cases now in the asylums are there through errors in diagnosis, because the family physician failed to recognize the disease until incurable. These cases are not considered curable after the first year. The essentials of treatment are: isolation away from friends and in some private sanitarium, forced feeding, pleasant surroundings, fresh air, tonics, frequent bathing, soporifics. Don't depend too much on drugs. Soporifics frequently have to be changed. Paraldehyde is as safe and reliable as any.

DISCUSSION.

DR. LINDSAY.—Excesses, privations, alimentary toxemia have much to do with cause of this disease. Cited one case due to fissure of rectum. Hot bath with a glass of milk and a little whiskey good to produce sleep.

DR. GLASSCOCK.—Chances for cure after first year slim. Individual care and attention needed. Baths, forced feeding, and isolation necessary.

A vote of thanks was extended to Dr. J. P. Klepinger of Herrington, for the elaborate entertainment accorded and Topeka was chosen as the next place of meeting, Thursday, January 4, 1906.

The following physicians were present: Drs. Brittain, Riddell, Nordstrom, White, Hawthorne, Klingburg, Alkire, MeVey, Entz, Glascock, Money, Nicols, Ketchersid, Magee, Klepinger, Lagerstrom, Leverich, Lindsay, Shenberger, Crawford, Punton, Cheney, Sutherland,

L. LEVERICH, Secretary.

NEWS ITEMS.

Cherokee County Medical Society met in regular session in Columbus at 8 p. m., Dr. Scoles presiding. In absence of Dr. Brookhart the president appointed Dr. Laudermilk to act as secretary. Under miscellaneous business it was moved and seconded that the next regular meeting be held in Galena. Dr. Green read a paper on typhoid fever, the discussion was opened by Drs. Brown and Huffman, followed by all present. On motion, carried, the paper was to be sent to the official organ of the society for publication. Dr. J. Dale Grahant was appointed to read a paper at next meeting. Drs. Weir and Brookhart to open a discussion. Dr. J. H. Baswell of Baxter Springs was elected a member of society. Those present Drs. English, Baswell, Weir, of Baxter; Drs. Scoles, Shelley, Brown, Green, Savage, Laudermilk, of Galena; Drs. Mahan of Mineral; Dr. Ball of Hallowell, Dr. Brookhart of Scammon, Dr. McClellan of Weir City; Drs. Janes, Huffman, Graham, Johnson, Baxter of Columbus.

H. H. BROOKHART, Secretary.

Sumner County met September 27, with an attendance of 27. Dr. Neal read an interesting paper on the therapy of cholelithiasis, advocating the use of antiseptics and general cathartics treatment. A report of a case of gall stones was read showing a recurrence of pain six months after operation, although the patient had gained in health. Dr. C. E. Bowers of Wichita gave a talk on pancreatitis, describing the symptoms and urging opening up and drainage. Dr. G. H. Hoxie of Kansas City spoke on the relation of the state University to medical education and reported the improvements offered by the new clinical school at Kansas City. Dr. Evans and Dr. Ferris of Conway Springs were elected to membership. The meeting adjourned to enjoy the hospitality of Dr. Holliday at his office.

T. H. JAMIESON, Secretary.

Dr. W. M. Martin, Wellington is doing post work in Chicago.

Dr. O. M. Holliday Belle Plain, is doing post work in Chicago.

Dr. S. W. Spittler of Wellington has returned after doing post work in New York.

Dr. Walter Rea has closed out his practice in Norwich, Kansas and gone to St. Louis in search of health.

Dr. I. Arthur Wright of Americus died Sept. 28 of apoplexy, aged 64. He settled in Americus in 1871.

Dr. W. J. Mayo will attend the annual banquet of the academy of Medicine of Kansas City on Jan. 11, 1906. He will speak on cancer of the stomach.

Crawford County.—At the regular meeting of the Crawford County Medical Society held in Pittsburg on the afternoon of October 2, the following papers were read. Puerperal Septicaemia, by A. J. Dodd, M. D. of Fleming; Yellow Fever, by Hugh B. Caffey, M. D., of Pittsburg; Malarial Fever, by Chas. M. Berthorf, M. D., of Cherokee.

Much interest and enthusiasm was brought on by the discussion and exceedingly profitable and enjoyable meeting was the result. The County Society is in a very prosperous condition with more than twenty five members and others coming in all the time. We find that meeting once a month is not too often and always place as many on the program for papers as time will permit, which is usually four or five. The society will meet next time in Girard on the afternoon of the 6th of November.

HUGH B. CAFFEY, M. D., Secretary.

"NUCLEIN."

From the perplexing mass of literature regarding serums and serum therapy one fact stands out as a beacon light of hope to the practical physician and that fact is the unquestionable therapeutic value of "nuclein," the basic principle of them all. Discovered and placed before the profession without the blare of trumpets it has, with little pushing, held its own, more, it has grown in favor steadily, and, when even crudely used without any particular indications being recognized for its use, it has wrought changes in the patient's condition that could only be attributed to its use. Those who doubted that it had the merit claimed for it, gave it, noted the improvement following in a short while, and then, more to prove themselves that it was not the nuclein that did it than to pursue any investigative course, stopped its use with the inevitable result that the improvement stopped too. Case after case was put upon the preparation and case after case grew speedily well, while others similar in every way, but treated without nuclein, remained pretty much "in statu quo."

One of the drawbacks that nuclein in its early days had to contend with was the association of the name of an individual with it. The profession is more or less chary of taking up any remedy that bears the name of any one man as the sponsor for its

utility; they have been exploited so often and have had so much that was false and useless thrust upon them that they very naturally refused to accept this, the most ultra of the new things, till they had some good ground upon which to build their faith.

It will be remembered by those who have followed the history of this remarkable agent that the Abbott Alkaloidal Co., placed a preparation before the profession and asked for reports for and against it. At the same time continuous experiments were being carried on of both clinical and chemical nature to improve, if possible, the preparation and to tabulate the therapeutic uses of the remedy. Since that time, Nuclein (W-A) has been used in almost every disease known and the reports have been in almost every instance to the effect that there could be no doubt that it was a powerful systematic upbuilder. Though in the meantime some improvements had been made in the production process, there seemed to be no particular increase in the therapeutic activity and at last it was demonstrated that nuclein was nuclein no matter how produced or from what source, and that this nuclein was worthy of a first place in the therapeutic armamentarium of the physician.

Nuclein can be and is often obtained from the egg, the spleen, the thyroid gland and other portions of the animal economy, but as a matter of uniformity and to avoid danger from decomposition it has been found better to procure it from live cereal germs, involving however, chemical processes requiring much time and labor. This great work and its resultant has been accomplished entirely in our laboratory.

When administered hypodermically, nuclein promptly produces a rapid increase in the number of leucocytes; this increase varies somewhat with the subject and the disease from which he suffers, but in all cases there is a most decided augmentation. The polynuclear cells are particularly affected. These cells, as has been shown by Metchnikoff, are the most active of the phagocytes. That the bactericidal power of the blood serum when free from corpuscular elements is due to uncein is unquestioned, this nuclein is found free in the blood and is supposed to be secreted by the leucocytes. The administration of nuclein has been shown to increase this bactericidal power of the blood many fold. The effect of a dose passes away in from thirty to forty-eight hours, hence, the necessity of continuous administration. Care, however, should be exercised not to overwork and therefore exhaust the cells. In some cases the exhibition of large doses at longer intervals is better than the continuous use of smaller quantities.

Briefly, the whole practical basis of nuclein therapy is the increase of leucocytosis; By its administration we obtain an increase in the phagocytic action and furthermore add to the number of these natural defenders of the body's health. When the system becomes so depleted by disease and the presence of morbid germs that cell repair is hindered or stopped altogether, we are face to face with a condition that has baffled science throughout the history of intelligent medication. Now the discovery of nuclein enables us to so stimulate cell-formation and phagocytosis that the "materies morbi" are surrounded, consumed, and thrown out of the body as waste, while at the same time the normal restoration goes on.

In all cases of infection of the system as well as in all anemic and chlorotic conditions, nuclein will prove invaluable. If given per os it is well to give it on an empty stomach and to give no water following so as to secure quick absorption from the buccal mucous membrane and stomach. In phthisis its administration is followed by a prompt fall in the temperature and a general amelioration of all symptoms. Indolent ulcers take on a new aspect and as granulation progresses normally and rapidly, are soon healed. In typhoid and other diseases where marked deficiency of leucocytic action is evident it is an invaluable adjunct to all treatments, and the worst

of these will produce better results with nuclein than the best without it. In malarial dyscrasias, in intestinal and gastric difficulties and in fact in all forms of disturbed metabolism (and therefore faulty cell repair) this agent should be used freely. The list if carried out would thus embrace all conditions of lowered vitality, the acute infections, such as diphtheria, tonsillitis, typhus, and all the exanthema, most disorders of the liver and nearly all the diseases of the skin.

When administered in doses of from two to ten drops of the medicinal solution it soon causes a feeling of stimulation and well-being and many a time improvement has been manifest from the very first dose.

The demonstration of the curative action of nuclein upon septic and other morbid conditions confirms the original claim that it acts directly in the restoration of disturbed and morbid cell function. By improper or inefficient metabolism, arising from any cause, we get defective leucocytosis. The natural nuclein product is wanting. Here is where artificial "Nuclein" (W. A.) should be introduced, thereby increasing resistance to disease processes. As a non-toxic antiseptic and artificial substitute for Nature's product it restores and maintains a normal equilibrium in assimilation and finally by stimulation makes the cells work.—From a pamphlet issued by the Abbott Alkaloidal Company.

We would like to have expressions of opinion from our readers on the above claims for nuclein. Nuclein is not a proprietary, but is a new method of treatment. It is our duty to investigate its merits. It is the foundation, we suppose, of Bioplasm, and Protonuclein, and probably a near relative to the goat lymph. In other words, a great number of reputable physicians are using medication based on the principle of cell stimulation. If it is successful, we should all know about it.

The theory of nuclein medication as outlined above seems to us partly correct. It is evidently an irritant to the bone marrow and other corpuscle building organs. It therefore stimulates—as does an invasion of pus forming bacteria—the resisting powers of the organism. It is useful therefore only in small doses, and must have a double action, like atropine. We would hesitate "a priori" to use it in any disease accompanied by a great leucocytosis, as appendicitis. Furthermore since the walls of the stomach are very feebly absorbent, we should always give the drug hypodermically. So much for theory; what does actual experience teach?

NOTES.

The Yellow Fever Institute of the Public Health and Marine Hospital service is doing valuable work as its Bulletin No. 14 testifies. This details a series of experimental studies in yellow fever and malaria at Vera Cruz.

Mexico, The report was submitted in May 1904 but not published until this year. The filtered blood of yellow fever patients was injected into non-immunes to ascertain the character of the transporting substance. Mosquitoes with and without the chance to bite yellow fever patients were sliced up and studied for the organism. As results the incubation period was settled as between 2 and 6 days (1 case 7 days) and that most of the bodies thus far studied by scientists were nothing but yeasts from tropical fruits. The report is well illustrated.

Tuberculosis.—The Kansas State Board of Health now requires fumigation after tuberculosis. This is a step in advance. Are you helping or hindering its enforcement? If we can only awaken the profession and the public to the awful infectiveness of tuberculosis, we shall be only doing our duty. Nothing impresses the public quite so forcibly as the necessity of fumigation. So we urge the strict fulfillment of the law upon all our colleagues.

The Stupidity of Physicians.—Out of 20 prescriptions on file in a certain drug store in Kansas City from one physician 18 were from patients with "blind" formulae, such as, celerina, pepto-mangan, etc. The count was made because a patient had brought in a prescription for celerina, the druggist had filled it without removing the old label. When the woman had reached home and found that she had the same thing that she had seen advertised in the newspapers, she was out and out angry. She went to the druggist and accused him of carelessness. He showed the prescription and said, "If these doctors want to prescribe patent medicines, I am not going to wash off the labels. I haven't the time," Would you like to be in that physician's shoes? A nice opinion the laity must have of him.

Dr. Senn in Colliers' Weekly for Sept. 30, writes on the present status of American Medical Colleges. He believes that we shall soon be doing work in advance of the European centers. His statement however that the elective system is not used here is capable of misinterpretation by those not familiar with the completeness of the elective system abroad. The American elective system is devoted to the work of the last of the course and simply allows the student to throw his emphasis in one or another line of work while demanding a symmetrical whole. The majority of the German schools however allow the student to take a very one sided course. This the better American schools have avoided. We have still, however, much to accomplish in the America in the way of supporting the highest type of medical education and must teach our proteges to choose the better grade schools with long terms and good equipment.

The Journal of the American Medical Association.—It is really amusing to read some of the criticisms of the Journal of the American Medical Association. Now, since the Journal has become one of the best in the United States, and no doubt, is displacing on the subscription list some medical journals, the latter have a marked tendency to grow irritable. This will not do. The American Medical Association is above any one journal and medical journalism will be compelled to adjust itself to the wants of the association.

Personally, we can not grow bitter though we feel that the Missouri State Medical Journal is utilizing some of the material which we might have obtained and it certainly keeps down our subscription list to some extent.

But the welfare of the Missouri State Medical Association is above the success of a medical journal, and while we have heretofore collected some medical news, which is now done more completely by the Missouri State Journal, we feel that we must seek to serve the medical profession in some other way.

There can be no doubt that a few independent medical journals will be compelled to suspend publication, when all the States have official journals. We are sorry for the journals and journalists but still feel that the profession is progressing and we are thankful. Hence we are not in sympathy with the movement noticed here and there that discredits and even condemns the work of the editor of the Journal of American Medical Association.—**St. Louis Courier of Medicine.**

We commend this attitude and feel positive that it will win out better than the attitude of those who "kick against the pricks."—EDITOR.

Civil Service Examination for physician in the Indian Service Nov. 22. Address U. S. Civil Service Commissioner at Washington. Age 25 to 55. Several wanted.

THERAPEUTIC ACTION OF CHEMIC SALTS.

B. D. EASTMAN, M. D.

Professor of Materia Medica and Therapeutics in the Kansas Medical College,

Topeka, Kansas.

(Continued.)

ACTION OF HYPERISOTONIC OR ISOTONIC SOLUTIONS.

This consists mainly in the withdrawal of water and the penetration of the salts into the cells where they act as foreign bodies and may cause solution or precipitation of cell constituents. By osmosis they will lead to the removal of some of the normal salts. The final effect of these changes will be an irritation nutritive or functional according to the nature of the cell. Locally they act as mild irritants as in stimulation of skin and resulting reflex as from sea and salt baths.

A similar stimulation is exerted upon the walls of the alimentary canal notably in stomach, before such solutions suffer dilution. Inasmuch as they will stimulate all the cells with which they come in contact, their action will not be superficial but deep, and as they are quickly removed they do not cause permanent change. In this they differ from most gastric irritants which produce superficial but persistent action. The stimulation by salts may therefore be used for a considerable time with benefit in certain cases of atonic dyspepsia.

Some salts given in large amounts and concentrated form may produce fatal gastro enteritis because the irritant or caustic effect overshadows all other actions.

Hyperisotonic solutions will be reduced to isotonic before they are absorbed. They will have considerable salt action because of molecular changes, modifying metabolism and acting as diuretics, being especially useful in dropsy dependent upon metabolic derangement. Salts existing in the blood in least amount will be the most active, hence potassium salts are more efficient than sodium salts as alteratives. The diffusibility of the salts will modify its action. If it does not readily penetrate into the cells, but passes the kidneys without difficulty it may be excreted without influencing metabolism.

If hyperisotonic solutions are injected directly into the circulation their main effect will be upon the nervous system, principally upon the medulla, causing stimulation followed by paralysis, symptoms similar to asphyxis. The phenomena of uremia depend partly upon the increased molecular concentration of the blood. Therapeutic intravenous injection

should be isotonic with the blood and contain the same proportion of different salts. Solutions for enteroclysis or hypodermoclysis should have similar composition.

(To be continued)

STATE BOARD QUESTIONS

(Continued)

April 25, 1905,

ANATOMY AND HISTOLOGY.

1. What structures will be divided in amputating the thigh at the middle third? 2, Describe the portal circulation. 3, Name all the bones of the foot and ankle. 4, Name all the muscles attached to the scapula. 5, Name the coverings of an oblique inguinal hernia. 6, Give the muscles, nerves, and vessels between the wrist and elbow. 7, Give the histology of the different structures of the heart, kidneys and liver. 8, Give the histology of the blood. 9, Describe the foetal circulation. 10, Give the histology of the spinal cord.

Doctor Wanted.—In Kansas, good location for good, rustling doctor. Address with stamp No. 19, JOURNAL office.

For Sale.—Library and instruments of deceased physician. 171 volumes of literary and 70 of medical works. Good office equipment. No. 21, JOURNAL office.

Kinraide Coil for \$50.—Taken down in good working order. Price f. o. b. Kansas City. First check gets outfit. Adapted to 110 volts direct current. Address No. 17, THE JOURNAL.

The Journal

OF

The Kansas Medical Society

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Volume V

December 1, 1905

Number 12

The Boston Meeting.—We are planning with the Chicago and Alton railway for a car out of Kansas City to Boston. Of course the very best rates will be obtained, but the point is to secure a car to ourselves and wives, and make the trip pleasant. It is not pleasant to be crowded in with strangers. If we can secure 18 application for tickets we can have our own car. Write us if you are interested in seeing the Cradle of Liberty once more.

Representation of the Profession.—The State Board of Health and the State Board of Examination and Registration should stand as being the truest representatives of the medical profession in the state. The action of these boards is looked upon by people outside the state as being representative of the sentiments of the better practitioners in the state. Similarly the members of the boards are regarded as good standards by which to judge the profession of the state. Now the Kansas Medical Society has sought to waive all sectarian prejudices and to become truly representative of the better men of the profession. Its membership includes far more than half of the reputable physicians of Kansas. It is not therefore a far cry to the conclusion that within the Kansas Medical Society are to be

found the public spirited, the scientific, and the ambitious physicians. Men who seek commercial rather than professional success are not attracted to our ranks, nor are men who make business their means of livelihood and medicine a side issue. It is also a safe statement that the physicians within the Kansas Medical Society care more for the public health and the good of society than those without it. By their very natures and ambitions which would lead them to join a society this is so. Hence our belief that our society should be represented on these boards seems very natural.

At the Wichita meeting THREE MEN FROM EACH COUNTY were selected as representatives of the profession and presented to Governor Hoch with the request that he select new men from this list. The governor saw fit to ignore us utterly, and appointed men who doubtless on account of their relation to politicians or of their business ability, seemed to him the ideal physicians. But not one of the appointees was in touch with the modern movement in medicine and therefore in spite of their personal charms were hardly fitted to make and execute laws affecting so vitally our profession.

We do not wish to mix up in politics, but it looks as if Governor Hoch were going to force us to do so. He thinks us a negligible quantity simply because we have not flocked before him and pestered his life with importunities. We evidently must change our policy and get after every politician in every county where we are organized. We can have great influence on even Governor Hoch's renomination and election. We can see to it that every new assembly man is pledged to give us the "square deal"—and to take our side against the vacillations of our Nicolaian governor. Every member will please do what he can for himself in this matter, but more especially hold himself in readiness to respond to Secretary Huffman's telegraphic or written directions.

The Action of the Council.—We call your attention to Secretary Huffman's report of the recent action of the council. It means a campaign of aggressive work along two lines: (1) inaccurate therapeutics and (2) political misrepresentation. "Now is the time when all good men should rally to the support of" these two movements. Governor Hoch should not secure renomination unless he is willing to treat us fairly. This is one line of activity. But the other is just as important and should be prosecuted along the line of education. In Peabody the physicians are meeting with representative citizens each week and talking over these matters of public health. They are trying to show the public the true standard for judging physicians and hygienic measures. Now if we will only get together,

cleanse our own skirts from the mud of pharmlcal subservience and do the best we know, we can bring about a perceptible revolution within the next five years.

Exhibitors at Topeka.—Inasmuch as the State Society pays the legitimate expenses of its meetings, the Council has complete control over the admission of exhibitors. The Council has decided that the preference this year is to be given to advertisers in the JOURNAL. If after the advertisers have received the supply of their wants, there is space left, this may be allotted to outside exhibitors.

Dr. Hart's Article.—A valued correspondent wrote us under date of October 18, 1905, as follows:

"I received the JOURNAL yesterday and read with considerable interest Dr. Hart's article on "Medical Ethics from one Viewpoint." In the second page of the article I seemed to be in the presence of familiar spirits and on turning to Cathell (The Physician Himself, 20th century edition) I found the same thing there recorded. Beginning at the middle of page 411 of the JOURNAL and from there to the end of the article the whole thing seems to be taken almost verbatim from Cathell. Not all that Cathell says is produced, but the best of the remarks from page 81 to 91 are reproduced. A gentle and searching roast is in order."

The Joke is on us, because we did not remember the source of the material and on those who heard the paper at Wichita, for a similar reason. Evidently we all need to re-read our Cathell. We have looked over Dr. Hart's manuscript and still fail to find any acknowledgment of its source. However, be that as it may, the article is a good one and we are grateful to Dr. Hart for reviving it, even if he did forget to name his bibliography.

A Similar Joke on the JOURNAL has been perpetrated in that Dr. Riley's article which appeared in our September issue had already appeared in the Medical News for Sept. 6, 1905. We would remind our readers again that we are not permitted to publish matters second-hand. We ask for some loyalty in the premises,—we do not wish to have to be suspicious of all good articles sent in.

The Southwestern Tri-state Medical Society met at Oklahoma City on Nov. 8 and 9. Dr. Fabrique of Wichita, Dr. Glasscock of Kansas City, and your editor were present from our society. It was a very sociable and interesting meeting, replete with good cheer and strong papers. However, we believe that internal medicine did not have as strong a representation as its importance would seem to demand. Even Dr. Morfit's paper on appendicitis (an excellent paper by the way) scheduled under medicine

proved to be entirely surgical. Judge Burwell's address on mental responsibility was a strong presentation of the lawyer's standpoint, but would have proven more helpful had a discussion followed. Mr. Burwell evidently has not had an opportunity to study at first hand the procedure of the Swiss Courts in insanity—where instead of hiring partisan "experts," the suspect is sent to an institution and kept under surveillance until the experts have decided what report to make. The society entertained its members and guests at a royal banquet at the Threadgill—lasting from 10 p. m. to 2:30 a. m. The ladies were not invited to this. One feature of interest to Kansans was the arrangement of the program into "sections" each under charge of a chairman. These were the sections: *Materia Medica and Therapeutics* (8 papers); *Eye, Ear and Throat*, (7 papers); *Hygiene and State Medicine* (9 papers); *Medicine*, (10) papers; *Surgery*, (12 papers); *Obstetrics and Gynaecology* (8 papers); *Pediatrics*, (7 papers). Less than half of the papers in each section were read. We believe that a more compact arrangement would have yielded better results. The danger is that each chairman may duplicate the work of other sections. If, however, the program be blocked out into two or three symposia of vital interest, then with these as a center the time can be profitably distributed. In running a meeting as in everything else one man must do the work. Hence we would recommend to President Bowers that he keeps the reins in his own hands next May and preside at the meetings as regularly as possible. The new officers of the Tri-state Society are: President, G. W. West, Eufaula, I. T.; Secretary, R. J. Crabill, Allen, I. T.; Vice President, E. H. Troy, So. McAlister;; R. J. Edwards, Oklahoma City; C. H. Moody, of San Antonio, Texas. We congratulate these men on their society and are grateful to the latter for the pleasant memories of Oklahoma City.

The Proprietary Association of America, having a very strong organization, has established a Press Bureau and is now fighting the American Medical Association and the Medical profession. Collier's Weekly for November 4, publishes information showing that every newspaper in the country is muzzled by this Proprietary Association. Undoubtedly the nostrum interests which will be hurt by the investigations of the Council on Pharmacy and Chemistry of the A. M. A., will align themselves with the "Proprietary Association," and will endeavor to hurt the medical profession and particularly the American Medical Association, if they possibly can. It therefore seems to me that it is imperative that we, representing state medical organizations, should make known the principal facts disclosed by Collier's Weekly. All of our members will not see Collier's; the newspapers will either be silent or will attack us and our association; our members, or certainly most of them, will not be aware of the actual

facts unless the information is disseminated by us. The fight promises to be an exceedingly bitter one, and it seems to us that we will fail in our duty if we do not actively support the A. M. A. and its Council of Pharmacy and Chemistry, and Collier's Weekly, and do not place before our county societies the essential facts. Sympathy will not win this fight, but publicity may. Every right minded doctor should keep Collier's and similar papers on his waiting room table—with these articles marked. The layman needs educating and the proprietary association proposes to do it,—and will succeed unless we take a hand in the game. Read our October and November editorials to learn the standpoint of this JOURNAL and Dr. Billings' article in this issue to learn the standpoint of the A. M. A.

Division of Fee.—This question has not yet been thoroughly settled—or, at least thoroughly enough to prevent men from writing from St. Louis and Kansas City alluring offers to the general practitioners out in Kansas and Oklahoma. At the late meeting of the Southwestern Tri-State Medical Association one of the most earnest discussions was on this subject, brought up by Dr. Pigg, because of letters from St. Louis. We gladly give the following letter space without charge and really hope that Dr. Edmondson may be benefitted by it.

DR. M. M. EDMONSON.
PRACTICE LIMITED TO ORTHOPEDIC SURGERY.
RIALTO BUILDING.
OFFICE TEL. 378 MAIN. RES. 73 EAST.
KANSAS CITY, MO.

Oct 28, 1905.

Dr.

Kansas City, Kansas.

Dear Dr:—

In treating the class of cases that come within the scope of the Orthopedic Specialist and the length of time required to perfect a cure, I find it necessary that the family physician should more actively co-operate in the treatment and management of the case. The after treatment to prevent relapses is of great importance, and this duty devolves very largely on the family physician, and usually he is not paid in proportion to the service rendered. While this is true, yet my experience has taught me that most patients prefer that one fee cover all the costs in the case. In fact if they are compelled to meet further charges, the case is often neglected and a relapse follows.

I have therefore determined on the plan of co-operating with the family physician and compensating him by including in my fee sufficient to cover his services as well as my own.

I have charge of the Orthopedic work at Mercy Hospital for ruptured and crippled children, and the management authorized me to say that they have a number of free beds for those unable to pay for care and treatment, and cordially invite your support in this work. This letter is prompted by a spirit of fairness and justice, and for the best interests of this much-neglected class of work.

Yours fraternally,

M. M. Edmondson.

The Conclusion reached by the best minds is that the division of fee is all right provided the patient knows where his money goes—or in other words, if everything is done "openly and above board."

MEETING OF THE COUNCIL OF THE KANSAS MEDICAL SOCIETY.

At the Coates House, Kansas City, Mo., Oct. 28, 1905. Those present were: C. E. Bowers, Wichita, President; L. H. Munn, Topeka, Treasurer; C. S. Huffman, Columbus, Secretary. Councillors: C. C. Goddard, Leavenworth, first district; M. F. Jarrett, Ft. Scott, second district; F. M. Daily, Beloit, third district; O. J. Furst, Peabody, fourth district; H. L. Alkire, Topeka, Fifth district; W. H. Graves, Dodge City, sixth district; J. E. Sawtell, Kansas City, Kansas, seventh district.

Dr. G. H. Hoxie, editor of the JOURNAL was also present.

The object of the meeting as stated in the call of the President, was to take up the matter of organization throughout the State and such other matters that might come before the Council at this time.

Dr. Hoxie asked permission of the Council to publish each month an additional number of copies of THE JOURNAL, and send them to physicians throughout the state who are not now members of the Kansas Medical Society.

On motion, Dr. Hoxie was authorized to issue an additional number of copies of THE JOURNAL, at the expense of five cents each, and not to exceed five hundred copies in any one month, and that he was to use his discretion as to what Counties the extra copies should be sent, provided that the additional copies were to be issued only until May 1, 1906.

Dr. Hoxie was also authorized to visit Oklahoma to study the proposition of consolidation of the Oklahoma Medical Journal and The Journal of the Kansas Medical Society, and the extension of our influence in that direction.

The council recommended that exhibitors of physicians and surgeons supplies who advertise in THE JOURNAL be given preference as to space, for their exhibitions at the next meeting of the Kansas Medical Society, at Topeka.

It was also decided that the State Society pay all legitimate expense of the annual meeting, and in the future the local members would not be expected to bear this burdens of expense.

It was the sense of the meeting of the Council that the State Board of Health and Medical Board of Examination and Registration be consolidated, and the Councillors were instructed to cultivate this sentiment throughout their respective Districts, and the matter be taken up and further acted upon at the meeting of the State Board Society.

It was decided that all new members who now join the State Society

be accepted by paying \$2.00 dues which would include the dues for the year 1906.

The President was instructed to invite two eminent members of the profession, not residents of Kansas, to present papers at the next meeting of the State Society; one on surgery and the other on internal medicines.

Motion was made that the actual expense of car fare for this meeting be allowed. Motion prevailed.

Dr. W. H. Graves introduced the following resolution:

Resolved, That the council of the Kansas Medical Society endorse the action of the National Organization in refusing to insert advertisements of secret preparations, and recommend to the Editor of THE JOURNAL of the Kansas State Medical Society, that as fast as present contracts expire, space be refused to such secret publications.

This resolution was discussed by all present and adopted unanimously.

All the Councillors reported verbally as to the work done and being done, in their respective Districts.

Meeting adjourned.

CHAS. S. HUFFMAN, Secretary.

TEXT BOOKS ON ANATOMY.

There are two different ways of looking at anatomy and the viewpoint determines the characteristics of the text book employed. The one standpoint is that the study is simply an analysis of the body—done by dissecting out each part and then learning all the characteristics of that part. The other is that the body is simply the result of evolutionary forces, universal in their scope, which are still acting and still producing modifications in structure. The one school is represented by Gray, the other by Gegenbaur. The one studies the bone as the carpenter does the timber for a house. The other seeks to ascertain the forces at work and paying less attention to details of structure lays all emphasis on the adaptation of each part to its function.

The former school has sent out brilliant men—but their conception of anatomy was as narrow, so technical if you please, that they interested to very slight extent the outside world. The other school necessarily developed comparative anatomy and has delved into the mysteries of zoology and embryology. Most American physicians having been taught from Gray's Anatomy have failed to find in anatomy more than a dry assortment of unrelated facts. But even in America the biologists are forcing upon anatomists some conception of the beauty, extent, and significance of their own subject. The rise of Lewellys F. Barker, a man trained in both schools, to a first rank among the anatomists of America has also broadened the scope of anatomy in this country. In our own

state university, which has an international fame for its biological research, the biologists under Professor McClung are working really within the domain of anatomy and compelling the anatomists to acknowledge the breadth of the subject and its manifold connections with other life problems, even though they do not admit that they are anatomists. And the sooner the Gegenbaur conception of anatomy prevails the sooner will order be brought out of chaos, and anatomy take its true place in biologic sciences.—a department of zoology, if you please. When this comes about and the medical schools of our country are provided with real anatomists as teachers, then will that subject become an interesting study of processes and forces, and no longer a memorization of dry facts.

Unfortunately we have as yet no adequate text book in America exemplifying the Gegenbaur idea. Even those who had been reared on Gray and taught to reverence his name, dimly realize that Gray was lacking and demanded revision after revision—revisions demanded not so much by the discovery of new facts as by the new standpoint of science. Finally Gray became such a patchwork of revisions that a complete rewriting was demanded. In England this demand was met by an entirely new book, edited by Cunningham. This text book was hailed with acclaim even in America, but because some of its authors failed to catch the true inspiration of the anatomy of today certain sections of the book fail utterly to meet the needs of the times. In America also a new text book was written which, however, was neither scientific enough, or complete enough to hold even those who tried it.

Another attempt to bridge the chasm between the two schools has just been made in a rewriting of Gray* by John Chalmers Da Costa of Philadelphia. This has improved the work greatly, has added to its simplicity, and will doubtless put Gray back into many schools from which its patchwork of revisions had removed it. Nevertheless the mass of details prevents the student from being led to view the body form as the result of functions and the book must remain as a store house of facts—very useful indeed for reference but not starting out the student with that clear conception of the great principles which explain the body's form. We lay great emphasis upon this because it is impossible to remember anatomical facts simply as such but those facts only when vivified and correlated by a

***Gray's Anatomy.**—Descriptive and Surgical. New American from the 10th English Edition. Revised, enlarged, and rewritten by J. Chalmers Da Costa M. D. Professor of Surgery in the Jefferson Medical College, in collaboration with a corps of specially selected assistants, in one very handsome imperial octavo volume of 1600 pages, with 1132 illustrations, 500 of which are new in this edition. Price with illustrations, in black: cloth, \$5.50, net; leather, \$6.50, net. Price, with illustrations in black and many colors; cloth \$6.00, net; leather, \$7.00, net. Lea Brothers & Co., Publishers, Philadelphia and New York, 1905.

knowledge of the laws and functions which made them facts. As, Dr. Williston was fond of stating, it is useless to teach the student anatomical details. What the student needs is a method of study and the opportunity to see each part of the body in its relation to other parts and its work of bringing about the survival of the fittest.

Another book* which demands our attention at this time is a dissecting manual designed to go with Cunningham's Textbook of Anatomy. Unfortunately the author has not had the opportunity of working in the really modern laboratories of anatomy or else he has not read the signs of the times. Barker's Manual of Anatomy just out last year should have shown him the true place of a dissecting manual, or even Cunningham's own book. The book before us is simply a summary of anatomical facts and should have been entitled "A Quiz Compend of Anatomy." and offered to students who wish to review the subject preparatory to a state board examination.

A dissecting manual should at least tell the student what to do and in what order to do it. It should point out the structures to be noted, studied, and drawn or modeled. It should refer the student to the text book of facts and devote itself to showing methods of work and illustrating the objects sought. This book does none of this, but begins with a summarized description of the bones—the last things found in the dissecting room.

***Dissecting Manual** based on Cunningham's Anatomy by W. H. Rockwell, Jr., M. D. formerly assistant Demonstrator of Anatomy in the College of Physicians and Surgeons, New York, New York. William Wood & Company, 1905. Pp. 306—Boards, Small 8vo. Price \$2.00.

A Compend of Histology by Hermann Erdman Radasch, M. S. M. D., associate in Histology and Embryology in the Jefferson Medical College, Philadelphia. P. Blakiston's Son & Co, 1905. Cloth Pp 304 and XIII. 98 illustrations, 12 mo Price \$1.00. "Blakiston's Compendis."

We like this compend quite well, but must criticise some points. It would of course be unintelligible to a beginner,—as it should be. For a review, however, of the subject it fails to give quite the needed subordination of the topics; i e., the types are used badly and one's train of thought is diverted from the main topic by too much capitulation. However, it is good work for a first edition and will prove an excellent basis for revision and improvement. The discussion of the nervous system is too condensed to be clear, and in its present form will be practically useless to any except the brightest students and then only in connection with a good text-book.

THE SECRET NOSTRUM EVIL.*

FRANK BILLINGS, M. D.

Chicago.

I shall make no apology for bringing this subject before this section. Its importance to the profession of medicine and to the public justifies an exposition of the evil now. In no other country has this menace to the welfare of the people and to the best interests of scientific medicine developed as it has with us.

Probably the reason is that other countries, with one or two exceptions protect the people against frauds in foods, medicines, etc.

Some day it is to be hoped that the Congress of the United States will enact a national pure food law which shall include the regulation of the copywriting and exploitation of proprietary and other medicines.

Just here it is well to say that the term "proprietary medicine" does not necessarily stamp a preparation or remedy as a nostrum. Webster says that a nostrum is "a medicine, the ingredients of which are kept secret for the purpose of restricting the profits of sale to the inventor or proprietor; a quack medicine." Some proprietary medicines are patented or better, the process of manufacturing an article is patented. This patent protects the discoverer, or owner, in the manufacture of the medicine or drug for a period of 17 years. These preparations are ethical, in that they are not secret, for any one for a small fee may obtain from the patent office of the government a copy of the description of the process of manufacture and the actual chemical composition of any such patented drug or remedy. The chief harm which has come to us in America from the protection by patent of the process of making a chemical or drug has been the resulting of high prices of the product. Many of the synthetic chemical drugs, like antipyrin, phenacetin, etc., cost ten times their worth as compared with the price of the same drugs in Germany and in other

*Read in the Section on Practice of Medicine of the American Medical Association, at the Fifty-sixth Annual Session, July, 1905.

countries. As stated, however, such really patented preparations are not secret, the composition is known. Some of them are of value therapeutically. Many of them are valueless. Some of them are harmless. Most of them we could easily get on without and fare better with the older, more simple remedies. Too many "made in Germany" specifics are shoved under our noses.

Now, as to the other proprietary medicines. All the so-called, "patent medicines" put on the market for the public, and many of the preparations exploited to physicians and distributed by them to the public, are not patented but are protected by a copyright or trade mark. Technically there is no difference between the secret proprietary medicines manufactured for physicians' use and the "patent medicines" exploited to the public. Both are protected by a copyright or trade mark name. Both are protected for an indefinite time. They are mixtures, as a rule, of several ingredients.

The relation of the physician to these preparations, however, is very different. Those "patent medicines" which are advertised to the public are not considered ethical and physicians abhor them and rightly condemn their use because they are often dangerous and always irrational as remedies. On the other hand, the manufacturers of those copyrighted proprietary medicines which are exploited to physicians by extravagant claims of specific therapeutic action, use the doctor as the middle man to distribute the cure-alls to the public.

Medicines so prepared that the busy physician could easily dispense them found a certain class of doctors eager to use them. The indications for use appeared on the label or in the accompanying literature. Tonics, blood and tissue builders, emenagogues, pain relievers, febrifuges, laxatives, calculi dissolvers, soporifics, bile promoters, heart tonics, cures of Bright's disease, etc., have appeared in countless number and some remedies offered are confidently presented as cures for not one, but half a dozen diseases or symptoms complex. Indeed, the claims of many of the promoters to this class of remedies do not differ in extravagance from the cure-all patent medicines offered directly to the public.

It has been easy to obtain testimonials of the alleged value of many of these remedies. Many even of the "faculty" have extolled them. Why, therefore, should not the less experienced physicians use these

"elegant," palatable, "all-ready to use," with label specifying-dose, disease indicating remedies. Prominent physicians and the "faculty" had testimonials in the circulars sent with the samples indicating the virtues, why therefore, use the simple proved remedies of the pharmacopeia, and especially as the latter would often necessitate the trouble of writing a real prescription?

To the rational physician most of the mixtures even with the formulae, are objectionable. Disease is never quite the same in different individuals, nor does the picture remain the same from day to day. The treatment must be modified to meet the varying problems of the morbid process. Rational therapy calls for simple prescriptions, but if there be an objection to mixtures with fixed and known formulae, what must one say to mixtures of secret or semi-secret composition?

As Dr. Horatio C. Wood, jr.,¹ says:

A much more elusive and therefore dangerous evil lurks in the class of mixtures which attempt to cloak their secrecy with a deceptive show of frankness. I think you will grant that the physician is rarely justified in the use of remedies concerning which he has no knowledge, and I maintain that the publication by a drug firm, of whose integrity the physician is absolutely ignorant, of a professed list of ingredients of some mixture is] not sufficient knowledge to pardon or to warrant the uses of that remedy. In the first place, if the published formula be correct, it is not enough to know simply the composition of a mixture, the exact quantities must also be known, there is a vast difference between the effects of 1 grain and of 100 grains of opium. Moreover, there is no means of knowing that the formula is a true one, for many of these corporations do not hesitate to pervert the truth.

Many of these promoters of these preparations claim, as chemists or as pharmacists, to be the discoverers of the wonderful remedies and the alleged unusual knowledge of chemistry or of skill in pharmacy has enabled the discoverer to develop in a mixture heretofore unknown, therapeutic qualities. Truth to tell, however, it is known that the proprietors are not always the manufacturers of the preparations they exploit and distribute. Many of the proprietary preparations are made by the large manufacturing pharmacists for the owners. Pharmaceutic skill is doubtless used in these instances, but it is the kind of skill which is for sale and is not personal.

I am informed that it is not unusual for one manufacturer of proprietary mixtures to have several so-called "companies" through which he can more easily exploit and distribute his products.

There is said to be a direct relation between the Dad Chemical Co., the Old Chemical Co., the Sultan Drug. Co., the Rio Chemical Co., and the Peacock Chemical Co., or at least they are linked together through

1. "Proprietary Therapeutics." *The Journal A. M. A.*, June 10, 1905, p. 1836.

one individual, and that Battle & Co., and the Lambert Pharmacal Co., are related to the above list. It is said too, that the Vass Chemical Co., the Lotos Chemical Co., and the Valley Chemical Co., are one combination. Doubtless other combinations exist.

Curiosity recently prompted me to look through a number of medical journals and I can not resist the temptation to quote some of the preparations advertised in them. Aletris Cordial, Celerina, Neurilla, Respiton, Sanmetto, Cactina Pellets, Seng, Chionia, Thialion, Zarcol, Echthol, Hagee's Cordial of Cod Liver Oil Compound, Mandragorine Tablets, Rheumagon, Ponca Compound, Ammophenin, Chloro-Bromon, Anasarcin, Bronchiline, Zematol, Zymotieine, Sulphogen, Labordine, Satyria, Manola, Cacodol, Eusoma, Leprosen, Sulpho-Naphitol, Pasavena, Neurosine, Germiletum, Bonn's Passiflora Tablets, Diouviburnia, Tongaline, Lithiated Hydrangea, Melachol, Gonoseptone, Calicolo, Solsul, Saliodin, and so on *ad infinitum*. These are only a few samples of what the physicians of the United States are asked to prescribe. But there are hundreds of secret preparations that are not advertised in medical journals, whose literature and samples come to us through the mails, etc. In the majority of cases, we do not know their contents and in many instance an analysis shows that they are simply mixtures. Often a prescription written by a physician for a particular case is purloined, put up under a trade-mark and exploited as a cure-all.

As an illustration see the official announcement of the Council of Pharmacy and Chemistry regarding certain nostrums that have been exploited as syntehtic chemical preparations guaranteed to cure everything. I have no doubt that the majority of the physicians who have been prescribing phenalgin, antikamnia, sal-codeia (Bell), and ammonol were shocked when they found out that, according to the analysis, they had been giving a simple mixture of acetanilid, with bicarbonate or salicylate of sodium or carbonate of ammonium, with a little caffen in some instances. What physician will be foolish enough to use these preparations when he can get the same of his druggist for at most one tenth the cost, but especially what physician with a particle of medical knowledge would think of giving acetanilid if he knew it, in the majority of the conditions of which, according to the advertisers, these nostrums are indicated?

What physician would prescribe Gray's glycerine tonic, if he knew that its chief ingredients are gentian, dandelion, glycerin and sherry wine?² Could he not write a prescription as good and feel that he was his own judge of what constitutes a tonic?

2. "Each half ounce is stated to contain dilute phosphoric acid, 12 minims; gentian root, 10 grains; extract of taraxacum, 15 grains; glycerin, 80 minims; sherry wine, 80 minims; carminatives, q. s."—"Thesaurus of Proprietary Remedies," p. 148.

Let me quote from the Journal of A. M. A.³ This, I am told, refers to an article advertised as a cod liver oil preparation—one of the tasteless kind, that has been investigated by a subcommittee of the Council.

We have recently had occasion to open a package of a well-known "Tasteless Cod Liver Oil" preparation. The circular which was wrapped about the bottle was replete with interesting information, especially for the patient, who obtains the remedy in the original package, as prescribed by his physician. He finds in it a list of the diseases in which the preparation does wonders—they range from the dread consumption to cystitis and hemorrhage of the kidney. Most interesting to us, however, is the statement that his compound "contains all the necessary elements of nutrition." It is too bad to disturb this beautiful vision by the report of the chemist. This shows that the product is quite free from oil or proteids, the only nutrient ingredients are alcohol, sugar and perhaps glycerin. But the claims of the manufacturers are probably correct, for it contains carbon, hydrogen, oxygen, and probably a trace of nitrogen—so does gunpowder.

Perhaps it will now be the turn of strychnin to be advertised as the ideal food. It seems superfluous to point out the moral of this tale.

It is not necessary to enter into a discussion as to whether we should ever prescribe secret proprietary medicines, for in the minds of intelligent men, even with only a smattering of medical knowledge, there can be but one answer. A physician who has a true appreciation of his responsibilities, who has even ordinary knowledge of the action of drugs, and the danger from their unintelligent use, would not think of prescribing for the sick, who have placed themselves under his care, a preparation about which he knows nothing except what the manufacturer, about whom he knows less, had told him. While there is no excuse for prescribing these medicines, too many unthinking physicians are influenced to do so by the claptrap designated "literature," which the exploiters publish about their preparations.

There is not a secret proprietary preparation that has any more value, from a pharmaceutical or therapeutic standpoint, than has the ordinary prescription of the average general practitioner. Stop advertising them and they would be forgotten, just as "patent medicines" pass away if they are not advertised. A hark back 10 or 15 years will call to mind many concoctions which physicians were asked to prescribe, and which, according to the advertisements, performed wonders, but now are heard of no more. Their advertising literature stopped coming and the nostrum-prescribing doctor ceased to use them.

What is the cause of the nostrum evil? There are several.

1. Pharmacology and therapeutics are neglected relatively by many of our medical schools. Anatomy, physiology, pathology, diagnosis etc., are emphasized and too often the usefulness and limitations of drugs

are neglected. Too frequently drug nihilism is taught. If the student were fully taught the physiologic action of drugs, the art of prescribing, preferably single remedies, or in simple combination, using if he desires the pharmacopeial preparations prepared by reliable manufacturing pharmacists, and at the same time if he were taught when not to rely on drugs, but frankly to prescribe for his patient a course of hygienic measures which alone would accomplish all that would be required, he would not be the willing dupe of the nostrum vendor, as he now is.

2. The reputable manufacturing pharmacists deserve great credit for the improvement they have made in pharmaceutical products. They have afforded us official preparations in the form of pills, tablets, syrups, tinctures, extracts, etc., which are elegant in appearance, often palatable and usually potent.

For this advance in pharmacy, a distinct credit to our country, we owe them our thanks.

Unfortunately many of them have not stopped at this point, but have manufactured their own special mixtures which are just as objectionable as the products of the special manufacturer. They, too, have been active with their agents in visiting physicians and in distributing "literature". This encourages drug-giving in specific mixtures for special symptoms, and is wrong. With one hand they do good work, with the other much evil is done.

3. The nostrum makers at first copied the methods of the reliable manufacturing chemists, in exploiting their products, but they have gone a step further and have reached a point where one may say that they have subsidized the medical press. I know I am on dangerous ground when I make this statement, but right here is the chief cause and the remedy. How many of our so-called medical journals are subsidized by medicine manufacturers I do not know, but all physicians know as well as I that there are many, and I do not refer to the so-called house organs. I unhesitatingly affirm that one half of the medical journals of the country would be out of existence if it were not for the nostrum advertisements. Under the circumstances, therefore, can we expect these journals to say anything? Need we be surprised that scarcely a journal published the official report regarding the acetanilid mixtures, when the preparations hit were the best paying advertisements in the country?

What is the remedy? Publicity. The enlightenment of the profession. The truth regarding not only what the preparations contain, but who makes them. Certainly no honest manufacturer will object to this last proposition, and no honest physician will put up with less than the former.

The Council on Pharmacy and Chemistry has been created to investigate the non-official preparations, to find out the truth about them, and to publish its findings. It is not necessary to repeat here the results of the work already done by this body. All physicians have read, or may read all about it. In my opinion there has been no movement undertaken by the American Medical Association that will be so far reaching as this one to rid us of the blight of the nostrum evil. For the first time, we see the possibility of the elimination of at least, part of this curse to American medicine. It is the first practical solution offered of a most difficult problem.

But—and I want to emphasize what I am about to say—the movement will have the most determined opposition that money can bring. Millions are being made annually by the nostrum manufacturers, and they will not sit idly by and see this wealth-producing business done away with if they can prevent it. It won't be an open fight, for their business will not stand publicity. They will have with them those so-called medical journals which are published solely in their interests.

This movement will have the sympathy of every thinking physician of the country, but sympathy does not win battles. In this fight those who are representing us should have all the support we can give. In society meetings especially we should aid in the propaganda by helping to enlighten and to interest those of our profession who have given the matter no thought. We should support those journals that represent us, and not tolerate in our offices those that we know to be the subsidized and to represent their advertisers rather than their readers.

A. M. A.—The following Kansans have joined the American Medical Association. Armstrong, J. B., Portis; Ball, James, Melvern; Blasdel, G. A., Haven; Brown, J. C., Wichita; Carter, L. A., Randall; Carter, W. W., Wathena; Cludas, A. L., Minneapolis; Flick, Flora J., Holton; Foulks, C. A., Kansas City; Funk, C. C., Smith Center; Graves, L. G., Atwood; Gsell, J. F., Wichita; Hagan, Martin, Wichita; Hoffman, J. Z., Wichita; Howell, D. W., Havana; Johnson, A. C., New Murdock; Little, Chas. F., Manhattan; McCluggage, J. R., Douglas; McGauhey, J. H., White Cloud; McGuire, J. W., Neodesha; Melugin, J. N., Atwood; Moorehead, J. L., Neodesha; O'Flyng, F. S., Seward; Reitzel, W. M., Cleburne; Ruggles, Chas. A., Stafford; Speirs, G. O., Ellenwood

OESOPHAGEAL STRICTURE.

D. W. BASHAM, M. D.

Lecturer on Surgery in the University of Kansas; Member Surgical Staff, Wichita Hospital; Member American Medical Association, Western Surgical and Gynecological Association, South Kansas Medical Society, Sedgwick County Medical Society, (Hon.) Tri-State Society of Iowa, Ill. and Mo.; Division Surgeon Missouri Pacific R. R., Member Board of Censors of the Medico-Chirurgical College of Philadelphia,

Wichita, Kansas.

In order to facilitate a correct understanding of our subject we will preface our remarks with a short review of the anatomy of the oesophagus. The oesophagus is but a continuation downward of the pharynx. It begins at a point opposite the interval separating the sixth and seventh cervical vertebrae, and extends downward to a point opposite the eleventh dorsal vertebrae.

Approximately it may be said to have its origin at the cricoid cartilage, and its termination at the cardia. Its beginning is fifteen centimeters from the incisor teeth. It is divided into three parts for the purpose of study, the cervical, the thoracic, and the abdominal.

The cervical division is from four to four and a half centimeters in length, the thoracic sixteen to eighteen, and the abdominal two to three. There is a difference in the length of the oesophagus in the two sexes. The total length from incisors to cardia in the female is thirty-seven to thirty-eight centimeters, and in the male thirty-eight to forty centimeters. In the female the distance from front incisors to the thoracic opening is from eighteen and five tenths to nineteen centimeters, and twenty centimeters for the male. There is no constant proportion between the length of the body and that of the oesophagus.

Its direction is not parallel to the axis of the vertebral column. Beginning opposite the space between the sixth and seventh cervical vertebrae it is directed toward the left until the third dorsal vertebra is reached, where it forms a rounded angle of about twenty five degrees toward the right, and descends almost perpendicularly to the opening in the diaphragm. The deviation in direction occurs at a point opposite the auricle cordis, from which the gullet is separated by the pericardium only.

The calibre is not uniform. There are three narrow points, at the beginning, where it is crossed by the left bronchus, and at the gastric terminus.

Mouton who has paid special attention to the dimensions of the oesophagus, fixes the diameter at these three narrow points at fourteen milli-

*Read before the Kansas Medical Society at Wichita, May, 1905.

meters, with a capacity of being distended to eighteen or nineteen, excepting the terminus at the stomach, which may be caused to attain a diameter of twenty five millimeters. The wider parts of the tube admit of distention to the calibre of thirty-five millimeters.

According to Mouton the length of the oesophagus from the gingival border to the *cardia* in the new-born infant is seventeen centimeters, and the diameter at the narrow points is six millimeters.

There is, according to Gaillard, a progressive antero-posterior flattening from the oesophago-pharyngeal junction to a point opposite the fifth dorsal vertebra, where the lumen becomes elliptical in form. The walls of the oesophagus are thicker where the lumen is greater.

The mucosa of the tube is disposed in longitudinal folds giving a stellate appearance on cross section.

Relations.—The cervical division, as before mentioned, is a direct continuation of the pharynx, and is situated just posterior to the trachea, from which it is separated by a layer of loose cellular tissue. Posteriorly the oesophagus is in relation with the vertebral column, the muscles and prevertebral aponeurosis intervening. Upon the left side the lobe of the thyroid gland is in close relation with the oesophagus. The right recurrent laryngeal nerve lies along the right border, and the left along the front wall of the oesophagus. It is because of these facts that cervical oesophagotomy is practiced upon the left side only.

The thyroid vessels, and especially the left inferior thyroid artery lies in juxtaposition to the oesophagus. In the mediastinum the anterior wall of the oesophagus is in intimate relation with the bifurcation of the trachea. The left bronchus crosses the oesophagus and often makes an imprint upon the anterior wall of the gullet, and some muscular fibers may be seen running from one to the other. Below the bronchi the oesophagus is in relation anteriorly with the pericardium, posteriorly with the thoracic duct, the vena azygos major, the arteriae intercostales dextrae, and a layer of loose cellular tissue enclosing some ganglia.

Laterally upon the right the oesophagus is in relation with the right layer of the mediastinum, the aortic arch, the primary carotids, and the left subclavian.

According to Michael Gangolphe's description the aorta first at the left of the oesophagus crosses over behind that tube and then a little to the right, the two organs forming an X with the limbs somewhat elongated, the oesophagus in front and the aorta behind.

The two pneumogastric nerves accompany the oesophagus, the left in front, the right behind. The pleura on the right side is in close relation to the gullet. The relations of the pleura to the oesophagus have receiv-

ed special attention at the hands of Nasiloff, Quenu, Hartman, and Potarea. The latter has devised right-sided intra-thoracic oesophagotomy with the view of avoiding the aorta.

Below the eighth dorsal the pleura recovers the oesophagus entirely. The surgical anatomy of the oesophagus has been given because it serves to elucidate many of the facts concerning the etiology and therapeutics of esophageal stenosis. It is easy to understand how the sulci between opposing longitudinal plica of mucous membrane may aid in the retention of caustic fluids longer than if the surface were smooth, and thus produce deeper burns. This same condition enhances the effect of cicatrization.

The curve in the gullet, seven centimeters below its beginning, is also exposed to the action of hot or caustic fluids. The three narrow segments are the principal location of stenoses. The antero-posterior flattening at the beginning of the conduit serves to augment the vulnerability of offending agents that gain access to the swallow.

Etiology.—Traumatism may sometimes give rise to conditions that result in stenosis. Swallowing by design or accident pieces of glass, metal or bone may injure the oesophagus to such an extent as to result in ulceration and cicatricial stenosis. Neoplasmata may of course seriously compromise the oesophageal lumen. Rossi, Tenon and Bailhe have observed congenital stricture of the oesophagus. These strictures are more frequent at the pharyngo-oesophageal junction, and are said to be of valvular form. Sometimes they are situated at the cardia, and still less frequently at the middle narrow place in the tube. Tuberculosis, syphilis, cancer, and actinomycosis are rare causes of stricture in this situation.

Oesophagismus or spasmodic stenosis sometimes exists in the oesophagus. It is nearly always situated in the upper part of the tube, according to Gangolphe. It is a disease of adults and is generally confined to females. It is possible for this form of stenosis to lead to grave errors in diagnosis. Oesophagitis or endo-oesophagitis may give rise to stenosis.

By far the most frequent cause of stricture is the ingestion of hot aliments or caustic liquids. In our part of the world concentrated solutions of the caustic alkalies and the mineral acids are the principal agents in the production of stenosis of the oesophageal tube.

The inflammation and ulceration are irregularly disseminated over the mucosa with intervening patches of normal tissue. The two extremities of the tube are said to be the most frequent sites of cicatricial stricture. Killiani states that a form of peptic ulcer has sometimes been observed at the lower end of the oesophagus, in which case cicatricial narrowing may follow the healing process.

Gangolphe says that atresia resulting from burns has been known to

involve the entire mucosa, but may be limited to the two extremities, but in general is irregularly diffused.

According to West, there is not usually a dilatation above the site of cicatricial stenosis. Peribronchial or perioesophageal adenitis may encroach upon the lumen of the gullet. In some cases the cause of stricture is beyond recognition.

We will not discuss diverticula of the oesophagus in this paper. In the production of a cicatricial stricture the normal histological elements of the coats of the tube are replaced by a fibrous tissue during the process of repair.

Symptomatology.—When a patient has ingested a solution of caustic alkali or concentrated acid the immediate effect is in proportion to the strength of the solution. If the solution is very concentrated collapse and death may ensue without delay. The more dilute solutions corrode the tissues more or less deeply according to the degree of concentration.

The phenomena of stenosis are preceded by an indefinite period of suffering. Dysphagia and evidences of grave intoxication constitute the immediate effects of swallowing strongly caustic or toxic substances. It is not, however, until the patient has apparently recovered that indications of stricture become manifest. There is a progressive difficulty in deglutition. The patient is obliged to reject solid articles of alimentation and finally even fluids can not be taken into the stomach. The efforts at deglutition is followed by regurgitation.

If the stenosis is not complete the act of deglutition is said to be retarded. As the case goes on the phenomena of stricture becomes rapidly manifest. The course of cicatricial stenosis is usually marked by intermissions. The patient may swallow without hindrance for awhile to find himself suddenly unable to take food or drink. In cases of complete occlusion the saliva is regurgitated at regular intervals. The prognosis is always grave in this class of cases. In oesophagismus the prognosis is good. In many of the milder forms of stenosis a comparative cure may be effected. Many of the patients perish at the end of a few weeks or months from progressive inanition.

The diagnosis is usually not difficult. The bougie must be employed to establish the diagnosis. The flexible bougies is to be preferred to that of whale-bone or metal. It should be a maxim never to pass an instrument into the oesophagus without first examining the thorax for aneurism.

Oesophagoscopy offers us but little help. Gangolphe attaches but little importance to slowing of the act of deglutition to twelve or fifteen seconds instead of four.

Treatment.—The treatment of cicatricial narrowing of the oesoph-

agus is entirely within the province of surgery. These cases are all serious and uncertain as to the outcome. Without surgical intervention they usually terminate in death. Even after surgical cure care must be exercised to prevent recurrence. The bougie is our principal means of treatment. As in the management of urethral strictures the bogie must be passed once or twice a month to maintain the normal calibre. The graduated, flexible bougie is to be preferred. The largest one that can be made to pass the stricture without too much force is chosen to begin with, and the size is increased every three or four sittings until the normal calibre of twelve millimeters is attained. The bougie should be passed every three or four days. When passed it should be left in place from five to eight minutes, the patient inclining the head forward meanwhile to permit of the ready escape of mucous which forms very rapidly.

Forcible dilatation has not found favor in the surgical world. The advantages of the treatment of oesophageal stenosis by gradual dilatation were set forth by Lesbini in his thesis written in 1873, and founded upon the teachings of his master Bouchard.

Lefort has employed the procedure so long made use of in urethral stricture of first passing the stricture with a filiform bougie and tunneled sound. He terms this the method of immediate, progressive dilatation. This method is of course reserved for stricture of exceedingly narrow calibre. It has been employed by many surgeons with advantage. Schreiber has recommended dilatation with water, and Reichman has employed compressed air. Jaboulay of Lyons has constructed a very ingenious apparatus which he has used with success in overcoming oesophageal stricture with compressed air.

Permanent dilation consists in leaving the bougie in place several hours or even a day. This method is applicable to cases where great difficulty has been experienced in passing the stricture.

There exists the same danger of creating a false passage by too forcible instrumentation in the oesophagus, as in the case of urethral stenosis. When it is found impossible to pass the bougie per orem and the patient can no longer aliment himself gastrostomy is our only resource. This operation, as first attended with indifferent success, has now become the established operation of expedience.

The existence of gastrostomy has a sedative effect over the inflamed and irritated oesophagus, because of the rest that ensues as a consequence of the cessation of the violent efforts at deglutition.

If the patient is not too much reduced at the time when gastrostomy is performed an effort should be made to traverse the stenosed oesophagus from below upwards. If the patient, however, be much debilitated from lack of nutrition he should be fed through the gastrostomy until sufficient

strength is gained to permit of gastrotomy and the passage of the bougie from the stomach upward.

Occasionally cervical oesophagotomy may be combined with gastrostomy to facilitate manipulation of the stenosed area. The method of Abbe is suitable to cases where gastrostomy alone or combined with cervical oesophagotomy is necessary. In this procedure a small bougie with a strong thread of silk or silver wire attached to the end is passed from below upward and caught up at the cervical oesophagotomy wound, if it can not be brought out at the mouth. With a silk thread passing in at one wound and out at the other an effort is made to pass a large bougie from below upward. When it becomes arrested at the point of stricture the thread is grasped by each end and drawn tight at the same time, giving a saw-like movement backward and forward until the stricture yields, when the bougie may be passed on. The same procedure is repeated if the bougie becomes arrested again. Mayo has adapted this idea to the treatment of very narrow stenosis where dilating instruments are passed with difficulty and where the size of the instruments can not be increased. He makes a silk thread fast to the distal end of the largest sound that may be passed beyond the stricture, and then passing the bougie beyond the stricture the instrument is held firmly and the thread is drawn upon and the two together are given a saw-like motion until the obstruction is divided. Mickulicz has been able to dilate a stricture in the lower part of the oesophagus through a cervical oesophagotomy. Gussenbaur relates a similar success. Oesophagotomy beneath the stricture for the purpose of dividing the cicatricial tissue, or, failing this, for the alimentation of the patient has been successfully carried out.

There is at present a disposition to revive internal oesophagotomy first employed by Maissonneuve in 1861. Internal oesophagotomy is by no means a benign procedure. Death has often followed this operation through the occurrence of hemorrhage and phlegmonous infection of the perioesophageal structures. MacKenzie has calculated the mortality of internal oesophagotomy at twenty seven per cent. Schiltz, notwithstanding performed the operation nine times with nine cures. Stern, Broekel, and Fort have practiced electrolysis successfully, but the procedure has found but little favor among surgeons.

In collecting the data necessary to write this paper I have made free use of the article by Michel Gangolphe of Lyon, in *Traite de Chirurgie*, by Le Dentu & Delbet Koenig's *Lehrbuch Der Speciellen Chirurgie*, and Killaini's *Surgical Diagnosis*. Six cases of oesophageal stricture have come under my own observation.

THERAPEUTIC ACTION OF CHEMIC SALTS.

B. D. EASTMAN, M. D.

Professor of Materia Medica and Therapeutics in the Kansas Medical College,

Topeka, Kansas.

(Continued from November.)

SUMMARY OF THERAPEUTIC ACTION.

The effect upon metabolism is uncertain, like all alteratives. The diuretic action is very useful depending upon the amount of salt introduced which is limited by the tolerance of the stomach. Potassium acetate is least perturbing.

The mild irritant action of small doses on the stomach is useful in some cases of dyspepsia.

The nauseant and emetic action of large doses may be useful.

If the salts themselves are readily absorbed they will increase the rapidity of the absorption from the intestinal canal, otherwise they will act more or less as cathartics.

Since the action of salts on the blood causes precipitation of globins they may be employed as local styptics for which purpose they must come into actual contact with the bleeding vessels. The most useful are the iron salts, especially the ferric chlorid and ferric sulphate, then alum. Tannin, lemon juice, vinegar, etc., have a similar action but are not classified as salts.

CATHARTIC SALTS.

The complete discussion of cathartic salts requires a consideration of ion action; but as no foundation has been laid for such consideration only the salt actions will be considered at this time.

The salt action heretofore considered, on cells, metabolism, urine, sweat, etc., occurs only when a soluble substance enters the blood. But some salts although freely soluble are not absorbable, hence exert their salt action only in the lumen of the alimentary canal. If hyperisotonic they will draw fluid from the body into the intestines until isotonic and this non-absorbable liquid will mechanically stimulate peristalsis. There will also be a salt stimulation from the withdrawal of liquid and salts from cells and from some slight absorption of salt itself (for while we speak of certain salts as non-absorbable, this expression is comparative, since scarcely any are absolutely non-absorbable) these actions altogether causing a hydrogogue catharsis.

The question whence comes this fluid has given rise to much discus-

sion. Manifestly there are three sources, the fluids in the intestinal canal, the tissues and the blood. The source of the evacuated liquid will depend upon how much liquid there is in the intestine, for such liquid will first be appropriated by the salt. If this be not sufficient to cause the proper dilution the tissues and the blood will be drawn upon. This increase of fluid is not a secretion but a result of the high osmotic equivalent of the salt which draws water from the tissues and probably more largely from the blood via the vessels. The final result, however, is the same, catharsis and a diminution of the water in the body, a drying of the cells and a concentration of the body-liquids. This last either directly by withdrawing liquid from the tissues and the blood, or indirectly by preventing absorption from the intestines, or both. Hence if a simple cathartic effect is desired, use a moderately hyperisotonic solution, if lessening of body fluids is desired use a more concentrated solution.

NON ABSORBABLE SALTS.

The question of the absorbability of salts, depends sometimes upon the base and sometimes upon the acid. A full consideration would require a discussion of the ion theory, hence the question will now be considered only as regards the base and the acid or salifying element.

Any soluble substance must be conceived as capable of producing a salt catharsis in proportion as it is non-absorbable, provided other factors do not modify or abolish this action. For instance, the non absorbable salts of the heavy metals and alum produce a precipitation of proteids being irritant, caustic or astringent. The earthy metals, calcium, strontium barium, are converted into insoluble carbonates. Oxalates and flourids are specifically toxic to protoplasm. In these and other cases the special chemie qualities of the substance overshadows and annuls the physical tendency to produce osmosis. The salts of which ammonia is the base are all quickly absorbed hence not cathartic. Some of the salts of the other alkaline metals are absorbable and some are not, depending upon the acid or salt forming substance. The chlorides bromides, iodides and acetates are freely absorbed, hence not cathartic, while the sulphates, phosphates, tartrates, citrates lactates and malates are comparatively non-absorbable and therefore possess cathartic qualities. The salts of the earthy metals are non absorbable but those of magnesium are the only ones of this class which can be utilized as cathartics, all the others which might be expected to act as cathartics have irritant or other objectional qualities. In illustration, the acetate of potassium freely soluble and readily absorbed acts as a diuretic, sulphate of potassium although freely soluble is not absorbable and is therefore an efficient cathartic, albeit

little used because magnesium sulphate equally effective, is less unpleasant, less irritating.

THERAPEUTIC ACTION OF THE CATHARTIC SALINES.

The saline cathartics are especially indicated when it is desired to remove fluids from the system with the least practical intestinal irritation. Their hydragogic effect is brought about by an entirely different action from that of the vegetable hydragogues as elaterium croton oil, etc. These produce an irritation of the mucous membrane, set up in fact a catarrh with its excessive turgescence, congestion and secretion, a condition which may very easily pass into inflammation—even fatal inflammation. The salines on the other hand, relieve turgescence and congestion by withdrawing liquid by physical (osmotic) action, thereby relieving and lessening irritation. These qualities render the salines especially useful in inflammatory and febrile states. To render their action as gentle as possible they should be given in slightly hyperisotonic solution. The commonly accepted normal physiological (isotonic) salt solution is .6 of one per cent. Late investigations (Mathews Annals of Surgery, August 1904) based upon the fact that solutions having the same freezing point, have the same osmotic pressure, go to demonstrate that this is not quite strong enough, that a solution of sodium chloride, to be isotonic should be of a strength of .9 of one per cent. Experimental placing of blood corpuscles in a solution of this strength, shows neither shrinking nor swelling. Solutions stronger than this, that is stronger than 9 grains per 1000 of water,—or about 9 grains of salt in 2 ounces of water—will abstract water from the tissues. For ordinary purposes, combining gentleness with moderate efficiency, about two drachms of magnesium sulphate in 4 ounces of water (about 3 per cent of anhydrous salt) or the natural mineral waters, say our own Abilena, (about 5 per cent) is desirable. But if it be desired to remove fluid freely and rapidly, concentrated solutions are more effective, as saturated solutions of sulphate of magnesia, which contains about 25 per cent of anhydrous salt. Even in this concentration it causes very slight irritation compared with the vegetable hydrogogues.

If patients are bed-fast the stomach will sometimes be irritated on account of delay in passing of the saline into the intestines. Some exercise is useful after taking salts and this accounts in part for the greater benefits received from salt-cures at watering places than at home. When desirable to administer salines to bedfast patients, gentle abdominal massage may lessen this untoward tendency.

The addition of a small amount of vegetable cathartic, as in compound infusion of senna renders the saline more active by directly stimulating peristalsis. In congestion of the hemorrhoidal and pelvic vessels incidents

to high living and sedentary habits, a season at some saline springs, where a certain number of glasses of water, and a certain number of rounds to the promenade are prescribed before breakfast, together with light diet, etc., the abstraction of fluid from the engorged vessels by catharsis together with the flushing of the whole system, by the action of water and the absorbable salts, proves curative. And similar results may be wrought by careful home treatment of the same sort of congestion which not unfrequently arises in persons whose mode of life is less luxurious.

In intestinal fermentation or putrefaction, salines are of especial use, by gently but quickly and efficiently removing the toxic mass.

The choice between the saline cathartics very largely turns upon the taste. Of those in common use sodium sulphate is most disagreeable although a constituent of several useful mineral waters. Magnesium sulphate and potassium and sodium tartrate are less unpleasant, magnesium citrate and sodium phosphate least disagreeable of all. The effervescing preparations give the stomach the benefit of carbon dioxid stimulation, and are therefore to be preferred in many cases.

WHAT MEDICAL ORGANIZATION DID IN IOWA.

From the Iowa Medical Journal.

The effect of medical organization was demonstrated in Des Moines the latter part of September when the medical men of this city planned to defeat the purposes of those notorious quacks and impostors, Phenomenal Kraus and Great Anselme.

There are three medical organizations in the city of Des Moines: The Polk County Medical Society, composed of nearly 100 members of the regular profession; the Homeopathic Medical Society, composed of some thirty members; and the Physician's Commercial Club, which is composed of members from both societies and other medical men in the practice who do not belong to either. Each of these societies has a legislative committee composed of three, whose office is to look after the welfare of the medical interests of this community. The three committees combined their efforts early this year for the purpose of prosecuting medical quacks and pretenders and censor filthy medical advertising and such other abuses as are being heaped upon the general public by impostors.

It was no trick at all for us to handle this combination of quacks when they reached our city for the reason that we were fully posted as to their rights in the case and knew fairly well what we could depend upon both from the profession and the laity. These mountebanks were met the first night by the officers of the court and served with warrants for practicing medicine without license. They were put under bond. The next day warrants were issued for the leaders of the combination charging them with threatening to commit a public offense. That night the whole troop, including every member who had anything to do with the combination, band boys and all, were put under arrest for committing a public offense, and in addition other charges were made against the two principals in the combination. The bonds necessary to free the members of the combination amounted to almost \$12,000. Our committees were not satisfied with this alone, but took the matter immediately to the grand jury, which happened to meet the very day that this great combination of fakirs struck the city. There were from six to a dozen physicians at each meeting and each night a stenographer was present to take notes.

After the second day it became apparent to one of the members of the combination that our organization was entirely too strong for them and he made overtures to leave the city and take his troop beyond the borders of our state if we would withdraw the charges against them. This was thought better than going on with the prosecution for the reason that to defeat a quack in this manner and drive him from the state is a greater punishment than fining him for violation of the law. They are ready to give up money.

The Phenomenal Kraus resisted every effort and swore by the great horn spoon that he would never leave the city nor the state, but we are glad to relate that he did not hold any more meetings, that his great institution which had been heralded with so much eclat was closed and the furniture packed and shipped.

There never has come to our notice an instance where organization for the good of the community has been so well rewarded as in this case. We might say further that a great service was done us by the president of the Marshall County Society in informing us that this great bunch of fakirs was to be in our city, thereby giving us time to make the necessary arrangements to defeat their object. If the officers of each county society in the state would notify the officers of other county societies when a man who is disreputable or engaged in off-sided work is about to visit another county it would not be long before the benefit of the complete state organization would be felt.

THE SUBSIDIZED DAILY PRESS.

From Iowa Medical Journal.

The experience of the Polk county physicians in their fight to stop the quack demonstrations of Phenomenal Kraus and Great Anselme brought to light a peculiar condition existing between the quacks and pretenders and the daily press.

We were informed that the press in the cities where these men had been exhibiting had been bought, in other words, nothing would be said about these men of a local or general nature except what was edited by the combination. We did not believe this, thinking that the matter had been overdrawn and believing that the public press was not so easily subsidized and stood for the best interests of the community in which it is circulated. This, however, we found to be incorrect, as the daily press in the city of Des Moines was absolutely subsidized and the interests of the 90,000 people which the press represented in this city were of no consideration compared with the few hundred dollars paid by the Great Anselme and Phenomenal Kraus. On the second day the whole troupe, numbering nearly thirty persons, were arrested and put under bonds, but the press found no news in it. We asked several reporters why the matter was not being mentioned in the papers, but received the assurance that it was simply overlooked; however, we went personally to the editorial department of the largest daily paper in the city with some facts and a little story written up regarding this case. We were assured by the city editor that he was delighted to receive our stuff and that he wanted us to distinctly understand that the news columns of the paper were not influenced in any way, shape or manner by the advertising department, and that he considered it a great pleasure to have have the facts in the matter and run it through the columns of his paper. The next morning not one word appeared in that paper regarding the matter discussed in his office the night before. Not one word. But in the news columns appeared a column article paid for by the Phenomenal Kraus entirely derogatory to the profession of the city of Des Moines, statements not borne out in fact at all, in fact, a paid column advertisement. But the next day when it was definitely settled that the Great Anselme and the Phenomenal Kraus were licked, then the daily press had plenty to say about the victory achieved in the interests of good government, social conditions, etc.

The contempt of such journalism should reach a point where the circulation of that kind of a daily press would fall so low that the advertis-

ing pages would be worth nothing. The burning shame of the present way is the commercialism which holds a club over all matters important and otherwise.

HYDROCEPHALUS.

A CASE REPORT.

DR. G. W. COFFEY.

Concordia, Kansas.

The presence of a case of hydrocephalus in the neighborhood is looked upon by the neighbors as wonderful, but the physician approaches a case with the sad intelligence that little or nothing can be done for the unfort



DR. COFFEY'S CASE OF HYDROCEPHALUS.

unate sufferer. Congenital hydrocephalus has been recognized for the past four hundred years; but the literature has always been greatly at variance as to the exact cause. Authorities are about evenly divided. Virchow and his followers attribute it to inflammation of thependyma, while

others adhere to the belief that it is due to obstruction of the circulation of the choroid plexus and others, to constitutional diseases and hereditary influences.

The subject of my sketch—J.— M.— was born March 8, 1905, of healthy parents. The father is the parent of three healthy children by the first wife and Mrs. M.— is the mother of one healthy boy by a former husband. This is the only child by this union. No similar case has ever occurred in either family and neither family give any history of any constitutional disease. Neither can the mother recall any injury or fright during gestation. The mother was attended during confinement by Mrs. H.—, an experienced lady who describes the labor as being normal and uneventful—the babe weighing nine pounds and a bright and promising lad. The baby thrived for about three weeks when it had several convulsions. Dr. McDonald of Aurora attended the child and soon discharged it as cured. When about five weeks old, the head began to enlarge and has grown rapidly since. The babe is now seven months old and the head measures 25 inches in circumference and 20 inches from one auditory meatus to the other over parietal bones. The bones of the head are soft and all sutures widened—the scalp glistens and the forehead very prominent; the eyes protrude and roll downward due to pressure of the orbital plate. The child can see and recognizes its parents; but light causes it to frown. The optic disk is losing its delicate pink color and becoming gray and atrophy of the optic nerve may occur at any time.

The treatment of congenital hydrocephalus is practically nil. Some favorable results have of late followed the removal of the fluid by puncture of the ventricles, although this has been a failure in the majority of cases. If due to constitutional disease, inherited by the child, treatment might afford relief.

The prognosis is very unfavorable and the child soon dies, depending upon how rapidly the fluid accumulates.

Dr. M. S. McCarthy a practicing physician of Leavenworth, died in St. John's hospital October 19 of meningitis, after an illness of one week. Dr. McCarthy was a native of Huntington, Ind. He practiced medicine in Omaha before coming here eighteen months ago. Edward McCarthy, a brother, lives in Baxter Springs.

PUERPERAL ECLAMPSIA.

H. L. CLARKE, M. D.,

LaCygne, Kansas.

When discussing the subject of eclampsia as signified in the heading of this paper we must take into consideration that condition which has been named "Toxemia of Pregnancy." In this paper I shall not attempt to explain or describe many of the symptoms nor the reasons advanced for their occurrence. The desire to create an interest in the closer observance of the premonitory symptoms; to give information that will aid our patients to avoid an attack and to help us to conduct the unfortunate one through such a trying and dangerous situation, is the hope in which this paper is written.

Lusk (1) defines eclampsia thus: "A term applied to convulsions, tonic or clonic in character, the foundation of which is laid in processes connected with pregnancy, labor or child-bed." This condition is described also in the following manner: "An acute disorder occurring in the later months of pregnancy, during labor or soon after child-birth, characterized by convulsions followed by more or less coma and unconsciousness. This condition is brought about by a failure in function of the organs of elimination."

This disorder is one of the most serious with which the physician can be confronted during the pregnancy or labor of his patient. It demands heroic treatment and exacting are at once, and these frequently under circumstances that are exceedingly disadvantageous to both patient and physician.

I shall not attempt to describe the convulsion stage. To one who witnesses it the scene will not soon be erased from the memory.

Eclampsia seems to be more frequent in a twin pregnancy, a primipara, especially, elderly ones, and in those patients whose pelvis are contracted. That more cases are found in malaria and in miasmatic sections and seasons I am coming to believe.

The bowels, the kidneys, the skin and liver are the organs in which a deficient action or function is more likely to be first detected. As a broad statement it appears this condition is one of an auto-intoxication of the system due to deficient elimination.

Hare (2) makes this statement: "While we may not be able to identify the precise toxin causing these phenomena there can be no doubt that

the products of the patient's own tissues furnish the poisons which depress her."

Lewis A. Connor (3) speaking of a similar condition says that "The hypothesis which sees in many of the disorders of pregnancy the manifestations of a poisoning of the organism by the products of its metabolic processes has much that is attractive and plausible in it, and in the case of certain affections, especially that of eclampsia, can summon to its support a considerable number of very significant facts."

That the liver is intimately concerned in some manner with this faulty elimination there seems to be but little doubt. Whether it fails to change some deleterious substance into a harmless product that will cause no disturbance to the system and can be easily eliminated, or actually forms or builds up a substance that on entering the circulation becomes a poisonous body affecting the nervous and eliminating systems we have not yet known.

The finding of albumen in the urine is one of the earliest as well as the best danger signals we have.

Hirst (4) of Philadelphia speaking of this condition says: "There is no theory yet advanced which has the same basis of common sense and is in such accord with clinical experience as the long accepted view that the products of fetal metabolism discharged into the maternal blood and eventually eliminated by the maternal kidneys are the chief predisposing cause of eclampsia, and that the insufficient elimination by the maternal kidneys is the chief exciting cause. Among the premonitory signs of eclampsia there is nothing comparable in value to the experienced physician, with albumen in considerable and increasing quantities in the filtered urine. There is no other symptom of a gestational toxemia and threatened eclampsia so constant and characteristic as this. It is the clinical rule, with but few exceptions, that albuminuria precedes the other signs of a gestational toxemia."

The presence of albumen in the urine of the pregnant woman seems to be the result of a toxemia rather than a cause of that condition. Whenever such a finding is made with a regular increase in the amount together with an exacerbation of the accompanying symptoms we must not allow ourselves to trifle but at once institute means to relieve this condition. Clinical experience has shown this train of circumstances to be one of the most valuable signs of impending danger.

The finding of albumen in the urine of a pregnant woman must not be considered as pathognomonic of eclampsia, because clinical experience shows that eclampsia may and does occur and no warning symptoms be found. When speaking of albuminuria the question of nephritis at once suggests itself and also which variety, if any, is present in the eclampsia

patient. From one authority (5) that discusses this phase of the question we learn that the so called parenchymatous variety of nephritis has been most often performed in the eclamptic patient. While a certain few cases of eclampsia seem identical in nature with uraemia there is much evidence to show that in a large majority of cases these two conditions are very distinct.

Investigation into the effect upon the blood of the toxemic patient has developed the fact that the blood of an eclamptic patient is more poisonous than that of the normal patient while the urine is found to be the very opposite.

The nervous system soon becomes involved by reason of the toxic elements circulating in the blood. Usually it shows an irritation of a sluggishness that later becomes an exciting factor in a most intense paroxysm which sweeps over the entire organism. This seizure lasts a few seconds usually ends in a coma that may only cloud the consciousness or be so profound as to obliterate all sensibility. Patients frequently awake from the coma as suddenly as they fell asleep and with no remembrance of the seizure. The pulse is usually of high tension, full and bounding in character, very resistant and of increased rate.

Frequently before the onset of the eclampsia there is some disturbance of vision, pain in epigastrium with a very intense frontal headache. This may occur only a few moments or may have been complained of for days before the attack. While many symptoms accompany the average case, each one will present some variation from the one last seen.

The prognosis is always grave. The treatment can be very easily considered under two separate heads: namely, that of the toxemia before the occurrence of the convulsion, and that of the convulsive stage.

For the relief of the toxemia, elimination is the great end to be accomplished. Begin this by thoroughly cleansing the bowel with small doses of calomel and soda, frequently repeated until the bowels move well. Podophyllin will relax and thoroughly arouse the liver, cascara to keep bowels open; salines come in very well also. High rectal injections of castor oil and glycerine equal parts; hot salt solution or hot water will greatly assist to eliminate waste through the bowels. Warm baths with salt and soda solution, hot packs with cold compress to head will thoroughly relax and excite the skin action. Veratrum viride with aconite or gelsemium, will serve a good purpose to relieve headache and reduce arterial tension. The bromides, chloral, or the valerianate of ammonia judiciously used in moderate doses either singly or in combination will often subdue the nervousness.

Should the kidneys not respond with some increase in the amount of urine after instituting the above measures, tr. ferri chloridi in 10 to 12

minim doses each 3 to 6 hours, will probably act as well as any remedy. Many of the diuretics administered under these conditions seem not to influence the action of the kidneys as we desire since they do not act beneficially we might just as well omit them.

The food should be of the blandest as well as the most nourishing type. A strict milk diet, with toasted bread and crackers, butter, fresh fruits, some few succulent vegetables would constitute an ideal ration.

Of no less importance are the surroundings of the patient; a comfortable, well heated, lighted and ventilated room; cheerful, clean and plainly furnished, of easy access that the patient may get out of doors in suitable weather. A good nurse must know how to exclude any and all persons who disturb or annoy the patient. While many of these conditions and requisites are impossible to attain in all cases, we do the best when we approach as near as possible to them.

We now come to the treatment of the convulsion. We here have two indications to meet: first, to control the convulsions; second, to cause the patient to eliminate from the system as rapidly as possible the poison that has caused the paroxysm. For the control of convulsion chloroform is perhaps the handiest and most efficient drug to use. It must be used at the earliest possible moment for the best results. If the pulse is full and of high tension, veratrum viride in 10 minim doses hypodermatically will greatly relax the system. The doses may be repeated each 20 or 30 minutes until three or four doses are given or relief has been obtained. While veratrum does not have any specific action to prevent convulsions, but that it does very materially lessen the frequency and violence there is no doubt. Morphine can be used either alone or in combination with veratrum in $\frac{1}{4}$ gr doses. It must not be repeated too often, nor be long continued. Venesection is still one of the most efficient methods to relax the arterial system. It should never be forgotten in such times as it is one measure that we can institute rapidly and under nearly all circumstances. Hypodermoclysis intra-venous transfusion of a normal salt solution will often assist to rapidly eliminate the poisons from the system.

In many cases it may be found that we are able to empty the uterus without adding any load to our already heavily taxed system. Which we have no definite symptom that will prove an infallible guide, the conditions of the cervix may at least indicate in a general way the best source to pursue. A soft, relaxed and easily dilatable cervix would indicate delivery soon, when the cervix is hard and contracted we can delay delivery for some time. Rapid delivery has been advocated as a rule and in perhaps many cases justly, We should, however, consider well the condition before interfering.

The same measures can be used to assist elimination after the convulsion has occurred as were recommended for the relief of the toxemia. But now we must push them to their limit.

Forced delivery, caesarean section, pilocarpine, large doses of morphine chloral hydrate and bromides should be avoided in the convulsive state if possible. We must be on our guard to prevent over-treatment under such circumstances as surround one who has to care for and treat a case of eclampsia.

When the convulsive stage is ended our task is not ended. We still must guide our patient through a course that offers many obstacles. Our endeavors will now be turned toward renewing a weakened system, preventing complications, recommend nourishing food, protecting the lives of mother and child if we have been so fortunate as to give them thus far, and allay the anxiety of family and friends so far as it is in our power to do so.

The more compact our knowledge, the more definite and clear our conception of this dangerous, ever to be expected and always dreaded disorder the more efficient will be our treatment and management of these cases.

I have endeavored to recommend as few drugs as possible, the simplest operative procedures and the fewest minutes details compatible with a general conception of this disorder.

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3. *Reference Hand Book of Medical Science*. Vol I, page 646.
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COUNTY SOCIETY NEWS.

Clay: Program of the November meeting: "The Relation of Typhoid Fever to Mental Derangement," Dr. W. S. Lindsay, Topeka. "Iritis vs Glaucoma," Dr. J. E. Minney, Topeka. "Success in the Practice of Medicine," Dr. R. J. Morton, Green. "Report of Case," Dr. D. J. Moore, Idana. "Report of Case," Dr. A. R. Stewart, Idana. Discussions by the doctors present. Refreshments.

B. F. MORGAN, Secretary.

Dickinson.—Our county society has grown well during the year, about 50% of the profession being affiliated, meetings generally well attended and interest increasing. Opinion prevails that monthly meetings for our county are too burdensome, men do not live close enough together to attend. Probably next year quarterly meetings will be held. Annual meeting will be held December 21. The entertainment will consist of a smoker and buffet lunch, after the business session.

CHAS. B. BUCK, Secretary.

Linn.—We hope to have a meeting of our county society the early part of December. Bad roads interfered with our last meeting very materially. We hope to have a much better attendance at our next trial. I am much pleased to note the awakening interest among the physicians toward the proprietary preparations. Their use is undoubtedly an evil that has assumed the privilege to even disease to the average physician his method of treatment. Hope that every physician will use such preparations less and less.

H. L. CLARKE, Secretary.

Norton and Decatur.—Norton and Decatur counties combined and formed one society. We have met every three months since August 1904. Our last meeting was held in Dr. Smith's office Oberlin, September 12, 1905. the inclosed program was carried out. Dr. Smith presented a very interesting case of elephantiasis of the Scrotum and Limbs. Our next quarterly meeting will be held in Norcatur in December. There is lots of work to do here but personally, Doctor, I feel encouraged. The program of the last meeting was: Informal Reception. Ectopic Gestation; Diagnosis and Treatment, H. O. Hardesty, M. D. Menstruation; Disorder of; Diagnosis and Treatment, C. W. Cole M. D., read by Dr. Lathrop, Dr. Cole being absent. Diphtheria; Diagnosis and Treatment, J. J. Dallal, M. D. read by Dr. Kenney, Dr. Dallal being absent. X-ray Therapy, Demonstrations, R. H. Smith, M. D. Clinic Medical, R. H. Smith.

C. S. KENNEY, Secretary.

Sumner County Medical Society was organized by Dr. O. J. Furst March 29, 1905. 20 Members being voted upon. Before the state meeting eight more were favorably reported by the censors and at each meeting thereafter two more were added making our present membership 32. The work done at these meetings has been reported. Our next meeting will be purely social and business and will have papers and discussions on the

business and social life of physicians. Membership: D. E. Horner, Perth; M. Collins, Oxford; H. E. Hoke, South Haven; H. B. Morton, Mayfield; W. J. Neel, Sr. Mayfield; F. B. May, Hunnewell; R. A. McIlhenny, Conway Springs; I. T. Gabbert, Caldwell; W. M. Martin, Wellington; J. M. Hunt, Wellington; H. L. Cobean, Wellington; Eugene Pile, Portland; F. M. Owens, Argonia; J. J. Sippey, Belle Plaine; G. R. Waite, Milan; W. J. Neel, Jr., Anson; T. F. Holt, Geuda Springs; T. J. Hollingsworth South Haven; D. E. Kesecker, Caldwell; L. F. Harmon, Wellington; J. A. Rea, Wellington; A. E. Walker, Anthony; E. M. Williams, South Haven; E. G. Ferris, Conway Springs; E. A. Evans, Conway Springs; President, S. T. Shelley, Mulvane; Secretary-Treasurer, T. H. Jameson, Wellington; Vice President, H. A. Vincent, Corbin; Delegate, J. L. Halliday, Wellington; Censors, W. S. Bartlett, Belle Plaine; F. G. Emerson, Wellington; S. W. Spitler, Wellington.

Anderson County.—Medical Society meets each Thursday at 7:30 p. m. We have 22 doctors in the county, of these 17 are members of the society. Meetings average in attendance 10.

Yours fraternally,

J. R. SCOTT, Secretary.

The Marion County Medical Society met in regular quarterly session in Marion October 11th. Dr. Buck of Peabody presiding. The following papers were read and freely discussed by the members present.

Obstetrics in this county, by Dr. E. S. McIntosh, Burns, Kansas.

Ophthalmic Goitre, by Dr. O. J. Furst, Peabody, Kansas.

Summer Diarrhea, by Dr. G. Myers, Lincolville, Kansas.

Dr. Meyers and Chesspin of Peabody, were accepted as members of the society.

Peabody was selected as the next place of meeting in January 1906.

The following members were present J. N. Hannoford, J. Worthiner, N. M. Smith, R. C. Smith, E. S. McIntosh, O. J. Furst, G. Myers, L. A. Buck, and J. H. Saylor.

R. C. SMITH, Sec. and Treas.

Washington County.—Our society was organized December 6, 1904 by Dr. F. M. Daily of Beloit with eighteen members. We have added two new members during year, and issued one withdrawal card to Dr. J. R. Shumway who moved to Seneca, Kansas. There are only about six physicians in the county who are not in the "fold" but we hope to bring them in at our next meeting, December 20, for the coming year. Our meetings are held quarterly and well attended.

GEO. E. TOOLEY, Secretary.

Ottawa County Medical Society met at Minneapolis, October 4. Dr. Fred Harvey was elected to membership. Dr. A. L. Cludas resigned as secretary and Dr. J. F. Brewer was elected as his successor.

South Kansas Society.—At the annual sessions of the South Kansas Medical Society, held at Wichita, October 17-18, the following officers were elected: Dr. John Clark, Wichita; president; Drs. Richard H. Haury Mound Ridge, and William H. Smethers, Moline, vice presidents; Dr. George K. Purvis, Wichita, secretary; and Dr. Fred S. Brown, Wichita, treasurer.

NOTES.

Dr. Mayer Shoyer of Leavenworth has removed to Frankfort, Kansas.

Diphtheria Closes School.—School district No. 51, south of Richland, has been closed on account of the prevalence of diphtheria.

Dr. W. C. Bower, Lebanon, has recently been appointed Local Surgeon for the Chicago Rock Island and Pacific Railroad System.

The **Medical News** will be consolidated soon with the New York Medical Journal. This is a movement in the right direction and we wish it success.

George W. Neiberger, M. D., College of Physicians and Surgeons of Kansas City, Kansas, 1897, died at his room in Kansas City, Mo., September 15, aged 36.

Percy E. Terry, M. D., Cincinnati, 1864, a veteran of the Civil War, of Kansas City, Kansas, died at the Soldiers' Home, Leavenworth, Kansas, October 18, aged 68.

Sentence Commuted.—Dr. Sam'l B. S. Wilson, Olathe, who was sentenced to eight month's imprisonment for violating the prohibitory law of the state, has had his sentence commuted by the governor on consideration that the fine and costs be paid.

Practiced Without License.—In the case of "Dr." Renshaw, Pittsburg, charged with practicing medicine without a state license, the defendant was released on his own recognizance, on his promise to procure the money necessary to pay the costs, and his agreement to leave town.

Dr. P. W. Robinson has moved to Altoona and formed a partnership with Dr. H. J. Willey. The former looks after electrotherapy and the latter after the eye, ear, nose and throat department.

The Board of Health has been reorganized. Dr. F. P. Hatfield of Grenola is president and Dr. T. E. Raines of Concordia secretary. We hope that the JOURNAL will be favored with reports of their work.

Dr. Kesner.—Governor Hoch commuted, Nov. 6 the sentence of Dr. C. C. Kesner of Leroy to a jail sentence, which he has already served, thereby practically granting him a pardon. Dr. Kesner was convicted of manslaughter in the second degree in January and under the indeterminate sentence law his punishment was fixed at from three to five years in the penitentiary. Formal sentence was withheld so the doctor has not been to the penitentiary except constructively. The petition for commutation was signed by many residents of Leroy and all of the members of the jury that convicted him.

International Medical Congress.—I am pleased to announce that final arrangements have been perfected for the tour of the American party to the International Medical Congress at Lisbon, April, 1906. The party will sail on Saturday, April 7, on the North German Lloyd steamer "Koenig Albert" for Gibraltar, visiting Algerciras, Seville, Cordova, etc., spend a week in Lisbon during the congress and returning to New York on Wednesday, May 9. This trip may be made comfortably in a first class steamer both ways, all expenses paid, including board and lodging while in Lisbon, and entertainment at other points, for \$300.00. A number of side trips are being added and ticket will be good returning through Europe if desired at a slightly increased cost. Following is a list of those who have joined the party: Lewis S. McMurtry, M. D., Louisville; Nicolas Senn, M. D., Chicago; J. D. Griffith, M. D., Kansas City, Mo.; W. F. Southard, M. D., San Francisco; Frank P. Norbury, M. D., Jacksonville, Ill.; W. T. Corlett, M. D., Cleveland, O.; C. H. Hughes, M. D. St. Louis, Mo.; R. T. Morris, M. D., New York City; A. Vander Veer, M. D., Albany, N. Y.; Jos. M. Mathews, M. D., Louisville; J. B. Murphy, M. D. Chicago; Fenton B. Turek, Chicago; Jas. E. Moore, M. D., Minneapolis, Minn.; Ramon Guiteras, New York City. Dr. John H. Musser (Philadelphia) is chairman of the National American Committee, and Dr. Ramon Guiteras (75 West 55th street, New York City,) is the secretary, to whom all applications for membership and communications in regard to the presentation of papers should be addressed.

CHAS. WOOD FASSET, St. Joseph, Mo.

Hospital Directory—Beginning with the January issue this JOURNAL will publish a directory of the hospitals of Kansas. We shall give the rates management, etc., of each in order that every physician may know where to send his patients who need hospital attention.

Joseph Francis Pickersel, M. D. Kansas Medical College, Topeka, 1895, a member of the American Medical Association, health officer of Butler County, Kansas; who had practiced in Beverly, Lincoln and Wichita, Kansas, shot and killed himself in his office in Eldorado, Kansas, October 12, while under the influence of drugs, aged 39.

Proprietaries and Proprieties.—The editor of the JOURNAL of the K. M. S. should be heartily commended for his cordial references to the thorough heroic work which Collier's Weekly and the Ladies Home Journal have been doing in exposing the patent medicine evil. Colliers Weekly of November 4th contains an intensely interesting and succinct description by Samuel Hopkins Adams of the well nigh impregnableness of the patent medicine trust. He shows how and why nearly every newspaper, magazine, trade journal and religious paper in the country passively or actively "legs" for this trust wherever a legislative body threatens to pass a pure food bill demanding that the contents of every package of food or medicine be plainly stated on the label. Formerly the patent medicine trust spent from \$75,000 to \$100,000 annually at the various state capitols (and at Washington) defeating legislation inimicable to its business, but this is no longer necessary. The trust has learned that, by simply threatening the newspapers publishers of a state, whenever a pure food bill seemed in danger of becoming a law, with the withdrawal of patent medicine advertisements, they will so promptly and plaintively bombard the members of the legislature, that such bill can not pass. But this is not all. Nearly all newspapers will also refuse to allow any reading or advertising matter in their columns derogatory of patent medicines, because their advertising contract with the trust stipulates that, should such matter find its way into any newspaper, its contract with the trust shall promptly become void. Hence it happened that last March in the Massachusetts legislature, after a very exciting and sensational debate on the patent medicine question, during which a member passed bottles of Peruna around in order to prove his statement that the alleged medicine was only a "cheap cock-tail" not a newspaper in that state (excepting only the old sane, fearless, progressive, reliable, Springfield Republican) had the temerity to make any mention of the debate, notwithstanding the fact that all the newspapers of that state usually report the proceedings of the legislature quite fully.

Collier's Weekly has undoubtedly, by means of its exposure of the sub-

serviency of the press of this country to the patent medicine trust, incurred the displeasure of nearly every newspaper in it. Many of them, therefore, probably do it whatever harm they can in a quiet way. Consequently, it behooves the members of the medical profession not only to express their appreciation of the moral courage displayed by Collier's, as many medical societies and journals have already done, but also to show their good will in a more substantial manner. Any physician who enjoys reading a well-written and well-balanced editorial page which is intelligently and honestly independent in everything and neutral in nothing that effects the welfare of the people of this country, will find what he wants in Collier's every week, and all its other features, literary and artistic, are on a par with its editorials.

If every doctor's wife didn't already take the Ladies Home Journal it might also be in order to say a good word for that superb publication. However, should there be one somewhere who isn't taking it, her husband should by all means make her a Christmas present of a year's subscription to it.

But while doctors contemplate with pleasure the good work instituted by the periodicals mentioned, let them not forget that their own hands should be clean in regard to using secret medical preparations. Too many of us find it convenient, more frequently than we should, to prescribe some of the so-called "ethical proprietaries," which, as a matter of fact, usually have no better reason for being than has the average patent medicine.

Other unethical pitfalls which need to be avoided by self-respecting physicians are supplied by the "commission men" in the profession, and by the superlatively energetic druggist who, if he is not first asked by the "hustling" physician for a prescription "rakeoff" has no hesitancy himself to approach the physician on the subject. While this *intente cordiale* between physician and druggist may not be a very grievous offense, still a reasonably sensitive regard for ethical considerations will hardly justify the continuance of this petty graft.

EDWIN SAYLOR SHELLEY.

Atchison Kansas.

Dr. George W. Parsons, 68 years old, a resident of Armourdale for twenty years, died Wednesday night in the Soldier's Home at Leavenworth, Kansas. He leaves a widow, one son and one daughter, who live at 610 Shawnee avenue, Armourdale. He also leaves two brothers, Frank Parsons and Henry Parsons, real estate dealers in that city. The body was taken to Kansas City, Kansas last night and will be taken to Robinson, Kansas, for burial.

Personal.—Dr. John Morgan, Iola, has resigned as health officer of Allen County, and Dr. Robt. O. Christian, Iola has been appointed to fill the vacancy. Dr. Morgan has moved to Neosho Falls. Dr. William G. Muir, mayor of Harper, was shot by a cowboy who was "shooting up the town" October 9, but was not seriously injured. Dr. Oliver C. McNary, National Military Home, assistant surgeon of the Soldiers' Home, has been appointed chief surgeon of the Pacific branch of the National Home for Disabled Volunteer Soldiers, Santa Monica, Cal.

Licensing Examination.—The state board of medical examiners finished October 12 the examination of doctors for certificates to practice,—men who have been graduated from colleges in other states and have come to Kansas to practice. Dr. Andrew Lyman Paey, a negro of Kansas City, Kansas ranked first in a class of thirty, all the remainder of whom were whites. Dr. Paey is a graduate of the Tennessee Medical school and taught bacteriology for several years. His paper on this subject before the Kansas board was given a grade of 100, being the first time that a grade of 100 has been attained in bacteriology. Some of the papers of the others who took the same examination were marked as low as 10. Of the thirty who were examined twenty-one were given degrees. Here is a list of those who passed the examination. J. H. Boswell, Baxter Springs; M. S. Chenoweth, Excelsior Springs, Mo.; O. A. Duncan, Conway Springs; Mark A. Hill, Manhattan; C. R. Hepler, Wilsey, Kas.; O. E. Harmon, Chetopa; G. B. Kessler, Winfield; E. T. Milligan, Chanute; E. J. Beckner, Selden; F. W. Maxey, Webber; F. L. McCauley, Hoisington; C. M. McDavid, Coffeyville; Jimmie McCulloch, Topeka; Janette W. Osborne, Kansas City, Kans.; Andrew L. Paey, Kansas City, Kas.; Jessie R. Prichard, Fort Scott, Kans.; C. B. Rogers, Coates, Kans.; James A. Simpson, Salina, Kans.; C. A. Smith, Willard; Edward Tourigny, Aurora; A. B. Tonkin, Leavenworth.

For Sale.—In Ness Co., Kansas, physician's practice, drug store and residence. Well located in town of 250 people, on main line railroad. Good wheat country. No competition nearer than 13 miles. Do only legitimate and ethical business. Price \$3,500 cash or its equivalent. Good reasons for selling. Address Dr. W. S. GRIESEL, Ransom, Kans.

Wanted.—A physician to buy up or assist in practice in northern Kansas on the Central Branch of the Mo. Pacific R. R. Country practice. One who can speak German preferred. Address No. 24, JOURNAL office.

For Sale.—Lot of drug store fixtures at a bargain. Will sacrifice because we have bought a new outfit. A good thing for a country doctor. Address No. 25, JOURNAL office.

Wanted, a Doctor.—A fine location now open for a sober, competent, physician. For particulars address JOURNAL, No. 23. Give particulars as to yourself, with experience and references.

Infectious Diseases.—During September 91 cases of tuberculosis were reported to the State Board of Health, and 62 deaths; 294 cases of typhoid fever, with 51 deaths; 224 cases of diphtheria, with 11 deaths; 106 cases of scarlet fever, with no deaths; 58 cases of smallpox with 10 deaths; and 72 cases of dysentery, with 18 deaths.

A Mouth Wash.—When the temperature keeps a point or two above normal for a few hours, the membrane of the oral cavity becomes dry and parched causing great discomfort to the patient. Supplemental with this frequently comes the formation of sordes on the teeth and more or less inflammation along the marginal surface of the gums. The flow of saliva is checked and the sense of taste interfered with. In cases of this kind we may win the gratitude of the patient for all time by urging the frequent use of an alkaline mouth wash of the nature of Glyco-Thymoline. This solution is admirably adapted both by physiological action and therapeutic effort to meet the requirements. The normal flow of saliva is re-established, the further formation of sordes is prevented and the mouth is kept sweet and clean. No one can estimate the amount of comfort derived by the patient under this simple treatment.

Proprietaries.—A successful medical practitioner of many years standing makes the following statement:

There are a large majority of combinations which extemporaneous pharmacy cannot prepare properly, and I know that through the dishonesty, ignorance, or indifference of many retail druggists we are not able to get on prescriptions the very best drugs; hence it is to the manufacturing pharmacist, whose best interest lies in the purity and uniformity of his product, that we must look for our most reliable remedies.

I endorse worthy proprietaries, but I most heartily condemn the great tendency of the "half baked" so called manufacturing "chemist" to foist upon the profession and public cheap imitations of standard preparations.

An Advertising Booklet.—An interesting booklet is now out which gives much pertinent information in regard to mechano-therapy. It describes fully a new vibrator which is really portable, and the most wonderfully perfect piece of mechanism that has come recently to our attention. It also tells about the FLUID VIBRATION, the latest scientific development in the construction of vibratodes, and full details of the PHYSICIAN'S VIBRAGENITANT above referred to. Those of our readers who are interested in this subject can secure free a copy of this booklet by addressing Sam. J. Gorman & Co., 519 Balitmore Building, Chicago, whose ad will be found on another page.

An Appreciation—We wish to thank you for your sensible editorial in the October issue of your excellent Journal, in which you call the attention of Kansas physicians to the cataplasma kaolini and the two methods of procuring it. You and all wise practitioners realize that a preparation of this sort can be obtained in infinitely better condition when it is manufactured by the originators than by imitators. Of course, druggists can make a cataplasma kaolini but there is not a druggist on earth who can make a preparation like Antiphlogistine. No druggist could afford to have the expensive machinery which is absolutely essential for its successful manufacture; therefore, when you say "that physicians want the best and most dependable drug and when some chemist makes a business of putting out a standard, we are inclined to favor him," you stamp yourself as a man possessed of rare judgment, a quality greatly to be desired in our profession. Please feel that we appreciate the friendliness which you have often manifested toward antiphlogistine. We are watching with much interest the success of the new medical school of the State University of which we believe you are the head and we anticipate that it will be one of the leading medical institutions of the west. With best wishes we are,

Yours very truly,

THE DENVER CHEMICAL MFG. CO.,

Nov. 1, 1905.

H. B. BAKETEL.

The Antiphlogistine people have gotten out a second number of their Bloodless Phlebotomist. This is an interesting pamphlet—but not so strikingly original as their first issue last spring. We suggest that as No. 3, they send out to us reproductions of Adams' articles on patent medicines in Collier's Weekly, suitably presented to be placed in our waiting rooms.

Celerina.—The Rio Chemical Company has taken exception to the woman's statement found in our November issue under the title, "The Stupidity of Physicians." The company states that celerina has never been advertised in the newspapers and that the woman must have been mistaken. "Celerina has always been brought to the physician's notice either through announcement in medical journals or literature sent to the physician; and we can truthfully say, no manufacturer could be more observant in this regard than we have been." This, of course, does not change the moral of the tale; viz: Do not give your patients the impression that all you do is to write prescriptions for drugs, which the druggists might just as well sell the patients direct. Proprietaries are good for some cases, but their uses are fewer than our laziness would lead to suppose. When we do use them, we should see to it that we avoid even the suspicion of being mere drug venders.

The Sedgwick County Medical Society was organized November 29, 1904, and started out with 25 charter members. Since then the membership has increased to 40, with good prospects for a rapid growth the coming year. There are a large number of physicians residing in the county outside of Wichita, who are not now members but will likely be in line in the near future. This society meets every Tuesday evening in the commercial club rooms, with a fair attendance. The society adjourns during the three hot months and takes up the work again in September, so that we have only nine months of society work. Every member is solicited to take an active part. The following papers have been read before our society this year:

Summer Diarrhea and Infant Feeding, Dr. Chas Scott.

Syphilis of the Vascular System, H. S. Hickok.

Syphilis of the Nervous System, G. K. Purves.

Diabetes Mellitis, C. E. McAdams.

Influenza, J. D. Clark.

Intestinal Fistula, G. C. Purdue.

Pneumonia, J. W. Kirkwood.

The Prospective Mother, O. J. Taylor.

Skin Manifestations of Syphilis, H. H. Taggart.

Tubercular Laryngitis, E. M. Palmer.

Dysentery, W. F. Logsdon.

The Reliability and Usefulness of Chemical and Microscopical diagnosis, C. E. Emley.

Medical Jurisprudence, Attorney Eckstein.

Preparation of patients for Operation, C. T. Jones.

The Use of Mydriatics and Myotics, E. E. Hamilton.

Adenoids, C. M. Fullenwilder.

Aconite: The Therapeutic Effect, C. E. Caswell.

Dietetics, S. M. Anderson.

Enteroptosis, F. B. Lyons.

Diagnosis and Treatment of Typhoid Fever, E. S. Hymer.

Acute Bronchitis, D. I. Maggard.

The Wichita Hospital was organized in 1885 and is under the management of a board of directors of twenty ladies and a board of eight business men, as trustees. The building is situated on the corner of Douglas and Seneca and is 125 x 100 feet, three stories high and basement. contains seventy-two rooms. Capacity for sixty-five patients. In 1896 a training school for nurses was organized, which has from twenty to twenty five nurses in training continuously. The Medical board is composed of the following named offices:

MEDICAL BOARD.

Surgical Division. . Dr. J. E. Oldham, Dr. J. Z. Hoffman, Dr. D. W. Basham.

Medical Division. . Dr. W. A. Jordan, Dr. J. W. Kirkwood, Dr. H. H. Taggart, Dr. S. A. Bass.

Obstetrical Division. . Dr. J. Z. Hoffman.

Ophthalmological and Otological Division. . Dr. J. G. Dorsey, Dr. J. W. Brown.

They have two well equipped operating rooms and good laboratory. They average about six hundred patients a year. This year they have treated over six hundred. They employ one resident physician.

The St. Francis Hospital was established in Wichita by the order of the Sisters of the Sorrowful Mother in 1887, the first hospital established by this order in America. The present large commodious building with a capacity of nearly two hundred beds is fully adequate to meet the demands. It is equipped with two operating rooms, laboratory, etc. They employ two resident physicians continuously. It is well lighted with electricity, and up-to-date. They have no staff of physicians, only a chief surgeon, who is Dr. A. H. Fabrique. The patients are all nursed by the Sisters who receive their training in Oshkosh, Wisconsin. They treat on an average of eight hundred patients each year. This hospital is located on corner of St. Francis and Ninth Street.

H. S. HICKOK, Secretary.

Decatur and Norton County Medical Society meets December 5, 1905, at 2 p. m., at the office of Dr. Monroe Jones, at Norcatur. The president, Dr. Hardesty, will deliver his annual address. Papers will be read by Drs. Lathrop, Hubbard, Funk and Gaither. Officers for 1906 will be elected.

C. S. KENNEY, Secretary.

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